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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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**CERTIFICATE OF DEATH** 13294 Dist. No. director, iled with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH D. COUNTY o. STATE filed 5. COUNTY ONTGOMER MARYLAND MONT decth. Brol b. CITY OR TOWN (If outside)corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) should e, IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? OR INSTITUTION by YES NO NAME OF 4. DATE Middle Month Year filled DECEASED OF DEATH (Type or print) 194 Pages 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months Days Hours DIVORCED [ WIDOWED | 12. CITIZEN OF WHAT COUNTRY? 10g, USUAL OCCUPATION IGIVE kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) NSURANCE SALESMAN offer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME GORSTELLY JACOA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address offending please INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 401.0 DUE TO HE ART permit. Conditions, if any, which signed gove rise to immediate DUE TO cottse (o), stoling the underpuo lying couse lost burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? UBERCULOSIS ALRES TED YES TO NO THE 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (Stole) [County] factory, street, office bldg., etc.) Hour 0. m. While Not while of work of work p. m. 195 Z, that I last saw the deceased 21. I certify that I attended the deceased from, and that death occurred a 5.300 M, from the couses and on the date stated above. DIRECTOR ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL UNIUERSITY TO 144ATTSVILLE PHYSICIAN'S NAME (Type) 041 ELING FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY-OR-CREMATORY 22d. LOCATION (City, town, or county) (Stole) poge REMOVAL (Specify) may DAVID ME MORIAL GARDEN FALLS CHURCH 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 246. RECHSTRAR'S SIGNATURE 3501-1401 VS A15 (4) DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH

HTABO TO STADOWING

BUREAU V. S.

DEC TO 1824

BECEINED

VS A1S (4) 15M 9/55 M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13295 CERTIFICATE OF DEATH

13259 Reg. Dist. No. C/6

1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (M. STATE Nebras	h counts	ion; Residence before admission)					
b. CITY OR TOWN (RURAL and give a Betheso	(If outside corporate limits, write nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write (	RURAL and give nearest town)					
OR INSTITUTION	TAL (If not in hospitol, give street eal Center, Beth		d. STREET ADDRESS Box #		e. IS RESIDENCE ON A FARM? YES NO 2					
3. NAME OF DECEASED (Type or print)	First Ne <b>va</b>	Middle <b>Faith</b>	Appleget	4. DATE Mo OF DEATH DECEMB	00					
5. SEX Female	White widows		March 5, 19		Months Days Hours Min.					
10o. USUAL OCCUPATION during most of wor Nurs	ON (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU		e or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	mos Huber		14. MOTHER'S MAIDEN	Mary Stroh						
15. WAS DECEASED EVI (Yes, no. or unknown) No	(If yes, give war or dates of service)			dical Record Add	,					
Conditions, if a gove rise to i couse (a), stoling lying couse lost.	OUE TO SECOND, which immediate the under (b) DUE TO (c)	ondary to meta	astatic carci	pulmonary abc noma of the br	east.					
Re 20a, ACCIDENT W	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  YES OF NO   200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 2 or Port 11 of item 18.)									
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while Foctory, street, affice bldg., etc.)									
21. I certify the olive on Dec	PHYSICIAN'S SHELDON KALIN M D									
200. BURIAL, CREMATICS	on, 226. DATE THEREOF an sit 12-28-5	20c. NAME OF CEMETERY OF Evergreen		22d. LOCATION (City, town, Gage Count						
23. FUNERAL DIRECTOR ROBERT A		ethesda, Md.			ISTRAR'S SIGNATURE					

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created in whether his attachment of process of contents of transport out his ampolement relablished not transported to the

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FOR STATE HEALTH DEPT.

DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, withing the word "pending" in pendi in item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shaulther forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. S FUNK DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5 ms Board of Health, at its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after all

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VS	A15ME
5M	2/57

# - MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13296 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 13260 Reg. Dist. No.

	PLACE OF DEATH	Montgomery		MARY	LAND	2. USUAL RESIDENCE (A		sed lived. If instit b, COUNT		ontg.	fore admi	ssion)
lb	. CITY OR TOWN (If and give negres) town)	autsida corporate limits, write	RURAL	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (I	outside con	porate limits, write	RURAL	ond give r	reoresi lo	wn)
	Sandy			life		X2 Sandy	Spri	ng				
c	. NAME OF HOSPITA	L OR INSTITUTION (II	spitol, give street address	)	d STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES NO		
1	NAME OF DECEASED (Type or print)	Remus		Middle Awkward		tosi	4. DATE OF DEATH	Dec. 16		Doy		9 or
5. 9	EX	The same of the sa		ED NEVER MARRIED	☐ 6.	DATE OF BIRTH		9. AGE (In years	-	DER TYEAR	IF UND	ER 24 HRS
	male	col.	WIDOWE	DIVORCED [		5/5/1864		fort birthday) 93 yrs.	Mont	hs Doys	Hours	Min.
00	USUAL OCCUPATIO	N (Give kind of work d	one 10b.	45	-	TY 11. BIRTHPLACE (Stote	or foreign	1	112.	CITIZEN O	E WHAT	COUNTRY
d		g life, even if retired)				Many lor		•		USA		
13	Carpen:	0.61.				Marylan				U.D.A.		
		and Assolution and Assolution										
15		y Awkward	CES2 114	SOCIAL SECURITY NO.	17 99	Lavinia H	1.4. de de	Address				
(Ves	, no, or unknown)	(It yes, give war at dates at s	Myigh)	JOCIAL SECURITY INO.			1/- 34 -					
Current Control		H [Enter only one caus			Add	ie Hood 826	Medis	OH Ste, I	1.0.			
	420.0 Conditions, If or		C	oronary Occl	usi	on				FO	und o	dead
NO	gave rise to immed (a), stating the a cause tast. PART II, OTH	inderlying DUE TO (c)	ITIONS C	ONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE YERM	INAL DISEAS	SE CONDITION GI	VEN IN	PART 1(0)		
CATION											YES	RMED?
CERTIFIC	200. EXTERNAL CAU PRIMARY [] or CON CAUSE OF DEATH.	SE WAS 201	DESCRI	BE HOW INJURY OCCUR	RED. (Er	nter nature of injury in Por	t t or Port II	of item 18.)	7			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yeo	Whi		e. PLAC focto	E OF INJURY (Home, fore ry, street, office bldg., etc	n. 20f, (Ci)	y or town)		(County)		{Stote}
	21. I certify that I look charge of the remains described above, held on Autopsy . Inspection , Inquiry , and in my											
	opinion deoth resulted from: Notural couses , Accident . Suicide , Hamicide , Undetermined monner											
	0	_	7	ANG.	-						t-und	
	ACTUAL SIGNATURE	206	200	what		M.D. CHIEF MEDICAL E	XAMINER [	3			DATE S	IGNED
		ASSISTANT MEDIC	AL EXAMINE	ER 🗍								
	EXAMINER'S NAME (Type)	rank J. Bro	scha	rt		DEPUTY MEDICAL	EXAMINER	12/1	7/57			
220		N. 226 DATE THEREO		27c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOCA	TION (City, town,	7	lyl	(Slote	1
	bur 12 1	12/18/57		Ash Memo	ris	1.		dy Sprin			4	
23.	FUNERAL DIRECTOR	SIGNATURE P	i	ADDRESS			D BY REGIS			SIGNATU	RE	111
	1 oleut	L, Auos	vde	Rookville	. M	DADEC	2 3 '57	( work		- 1		
-	7								e din			M. Array A

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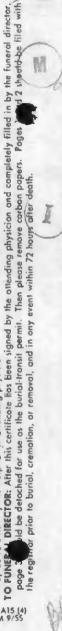
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13261

		1	349	1 C	ERTIFIC	ATE	OF	DEA	TH				Reg. D	ist. No	14	
1. [	COUNTY MO	ntgomery	1		MARYLAND	2, 1	USUAL RES	lary	(Whe	re decease	d lived. If	nstitut	Monte	ome	re admis	aion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Wheaton  6 months						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)									n}
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3513 Edwin St					1	d. STREET ADDRESS 3513 Edwin St						e. IS RESIDEN ON A FAR YES NO			
	NAME OF DECEASED (Type or print)	E11	a		Middle B	alc	ar	on?		4, DATE OF DEATH	Γ	Mo	18,	195	_	Yeor 19
5. 1	female	6. COLOR OR RACE white	7. MARI	_	R MARRIED [		rch 1		189	8	9. AGE (In last birt 59	years hday) yrs			Hours	ER 24 HRS. Min.
10a	during meat of wor	ON (Give kind of work thing life, even if retired red	)	KIND OF BUS ecreta		USTRY	11. BIRTHP	_ `	Slote o	r foreign c	ountry)		12. C		A WHA	COUNTRY
13.	FATHER'S NAME Un	known				14	. MOTHER	\$ MAID		ME Iknow	n.					
	WAS DECEASED EV	ER IN U. S. ARMED FOI (If yes, give wor or dates of		SOCIAL SECU		Vir	mant ginia	Th	oms	Wh	eator		<sub>dress</sub> Maryl	and	•	
		ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (	1	1.	and (c).)	207	asis							ON	ERVAL BI	DEATH
	Conditions, if ony, which gave rise to immediate couse (a), stating the under:  DUE TO  Conditions, if ony, which gave rise to immediate couse (a), stating the under:  DUE TO							/	1 year							
CERTIFICATION	20a ACCIDENT W	HER SIGNIFICANT CON	IDITIONS		G TO DEATH BL								VEN IN PA	RT 1(a)	PERF	AUTOPSY DRMED?
MEDICAL CERT	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m.	G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Ye	ar 20d. I While	NJURY OCCUI	le	PLACE (	OF INJURY street, effic	(Home,	form,	20f. (Cit)	y or town)			(County)		(Stole)
	21. I certify if glive on Occasionature SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the	19 :	or Tru	Crugur nd that deat		900	5.80	77	M, from		JS es lown	and an , stote)	the do	ite stat	deceased ed abave ATE SIGNED
	BURIAL CREMATION REMOVAL (Specify Burial FUNERAL DIRECTOR	12/21/5		For					y		TION (City,	an		id.	(Sto	fe)
	F.	Gasch's So	ns H	vattsv	ille. l	id.	DI	DATI		0	1242	Mu	ch			

Gasch's Sons Hyattsville, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.



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Reg. Dist. No. 216

	Keg. Dist. No. 2012							
1. PLACE OF DEATH O COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) o. STATE							
Montgomery	Maryland b COUNTY Montgomery							
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
RURAL ond give nearest town)  Bethesda  6 Mos.	Bethesda							
d NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	d STREET ADDRESS . Is RESIDENCE							
7301 Bradley Blvd.	7301 Bradley Blvd.							
3 NAME OF First Middle	Lost 4. DATE Month Day Year							
OFCEASED MARY Louise B	ARNES OF Dec. 18, 1957							
	DATE OF SIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.							
	lar. 2, 1870 87 yrs							
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY							
Nurse -Retired	Michigan U.S.							
13. FATHER'S NAME Benjamin Balderson	14. MOTHER'S MAIDEN NAME Mary Crisp							
Benjamin Balderson	raly of 15p							
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. IN	FORMANT Address							
No None Mrs	. Wm.M. Adgate 7301 Bradley Blvd.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), qrid)(c) ]	INTERVAL BETWEEN							
PART I, DEATH WAS CAUSED BY:	E Ilternia ONSET AND DEATH							
1-3 it- 3 Due to	-:							
Conditions, if ony, which) is as dire the								
gave rise to immediate	in melline -							
bion come fact								
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((a) 19, WAS AUTOPSY							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED7							
200 ACCIDENT WAS LINDERLYING TO 200 DESCRIBE HOW INTERVOCCHIPPED	(Enter nature of injury in Part I ar Part II of item 18.)							
OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tener rener of many street it of their res.)							
	CE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) ary, streel, affice bldg., etc.)							
Hour o. m. While Not while toth	ry, sireel, office blog., etc.)							
21. I certify that I attended the deceased from 3/2/	1957, to leter 12 1957, that I last saw the decease							
alive on 1957, and that death	199100							
dive on that deam	occurred at 30 M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  DATE SIGNET							
SIGNATURAL COMMONDE C. CIESE M	2600 Carrier and To kame Duk							
SIGNATURE	10 1000 Current June June							
PHYSICIAN'S Raymond O. West								
720. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)							
urial-Transit 12-19-57 Chapel Hill	Memorial Lansing, Michigan							
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE							
ROBERT A. PUMPHREY Bethesda,	Md. DATE 12-20-57 13 esaie M. Homeson							

may be intained by the Rospital or attending physician.

TO FUNEY. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. page 3 lid be detached for use as the burial-transit permit. Then please remave carbon papers. Pages thauld be filled with the registrar prior to burial, cremotian, ar remaval, and in any event within 72 hours after death. TO HOTHTAL OR ATTENDING PHYTICIAN: The tom Equires that the death Tertificate be executed within 21 hours after death. Page 4 VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	13260 CERTIFICATE OF DEATH
-	Reg. Dist. No.
	D. PLACE OF DEATH O. COUNTY  MARYLAND  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O STATE  D. COUNTY / 2
-	Went gomery New Jersey Surling the
	RUKAL and give nearest lown
-	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  d. STREET ADDRESS  d. STREET ADDRESS  d. STREET ADDRESS
	Wish san and Hospital 175 W. Pearl St. ON A FARM? YES IN NO. D
3	NAME OF DECEASED (Type or print) 1/1/5 Marie Elizabeth Beatty DEATH DEC 15 1957
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  White WIDOWED DIVORCED 8. DATE OF BIRTH  9. AGE (In yours lift UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min
্বা	On. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OF INDUSTRY 11 BIRTHRIAGE (State of frequency and red)
11	during most of working life, even if retired)
<u>′</u> [ा	3. FATHER'S NAME 14. MOTHER'S MAIDEN HAME
	OHO C. HINTER Nesch Eleanir Minimerer
. [	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address
	No hart-Admissin record
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: Congressive About Failure Pris AND DEATH
	H. L. d. I DUE TO
	gove rise to immediate (b) first exiocal entre Cavalouacalar Disence 10 yrs.
	cause (a), stoting the <u>under-</u> DUE TO
	lying couse lost. (c) (c)
100	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
20100	20b. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]
- 13	
MEDICAL	Hear a. fr.    P. m. 19   Of work
1	
П	The state of the s
	, to the date stated above
	ACTUAL SIGNATURE SIGNATURE M.D. 7600 (Qual Que 12-15)
3	
	MANE (Type) Dames Muchitlock Talcoma Park, 12, and.
	20. BURIAL, CREMATION, 226. DATE THEREOF 22, NAME OF CEMETERY OR CREMATORY 22d JOCATION (City, town, or county) (Stote)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D 8Y REGISTRAR 246, REGISTRAR'S SIGNATURE
	W. W. Chambers Co. 517-11 St. S. E. OMF FC 19 and Delson Stade

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EC 7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13265 CERTIFICATE OF DEATH Reg. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY ) D. STATE filed **6. COUNTY** MARYLAND h. CITY OR TOWN (If outside corporate limits, write C TENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) bluod, 0 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? el auxor YES T NO Z NAME OF 4. DATE Middle Lost Year Dov filled DECEASED OF (Type or print) DEATH 195 IF UNDER 1 YEAR IF UNDER 24 HR 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days WIDOWED [ DIVORCED | 100, USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. 12 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) dusing most of working life, even if retired LANO 01 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (6) DUE TO ģ Canditions, if ony, which gove rise to immediate **DUE TO** casse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) O. m. While Not while of work of work 21. I certify that I attended the deceased from 57.7 , 19.57 that I last saw the deceased Z, and that death occurred at\_\_\_\_\_M, from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or toym, state) DATE SIGNED ACTUAL TO PHYSICIAN'S HOSPITAL NAME (Type) FUNER oge 3 220 BURIAD CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county). (Stole) REMOVAL (Specify) ressiona O 23. FÜNERAL DIRECTOR'S SIGNATURE **ADDRESS** 245. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

BUREAU V. E.

DEC 30 1825

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13266 **CERTIFICATE OF DEATH** 3300 Reg. Dist. No. 2 with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY a. STATE filed b. COUNTY MONTGOMERY MARYLAND MARYLAND MONTGOMERY the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown)
SILVER SPRING 5 YRS. SILVER SPRING d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARMS 25 903 JUDSON ROAD 11.903 JUDSON ROAD YES NO. NAME OF Middle 4. DATE Month Day Year DECEASED OF DEATH ETHYT. **BOLLAN** 195 12 (Type of print) 5. SEX 6. COLOR OR RACE 7. MARRIED [ ] NEVER MARRIED [ 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months Doys Hours PEMALE WHITE WIDOWED DIVORCED [1] papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) SUPERVISOR Internal Revenue TLLINOTS U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ò NORA CARPENTER BENJAMIN LEACH remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address NO Mr. Robert G. Bollan, 11,903 Judson Road NONE Silver Spring NIA DE BETWEEN 18. CAUSE OF DEATH [Enler only one cause per fine for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** ony Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH #0 NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY PERFORMED? YES NO 🔀 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) Doy, Year [County] (State) Hour o m factory, street, affice bldg, etc.) While Nat while of work of work 21. I certify that I attended the deceased from Dec 3 1957, that I last saw the deceased and that death occurred ot\_\_\_ A. M. from the causes and on the date stated above. ACDRESS (Street, city or town, state) DIRECT Id be d ACTUAL 835 EVE St 1.W. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) PRINCE GEORGE COUNTY. LINCOLN CREMATORY 23 FUNERAL DIRECTOR'S STONATURE ADDRESS 24b REGISTRAR'S SIGNATURE 24g REC'D BY REGISTRAR Silver Spring.

VS A15 15M 9/5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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executed within 24 hours ofter death.

requires that the

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Letterda Planyland Montgomery

Letterda 5 keys Rockville

Sanderins Fospital 1011 Rocksect Time 3

James Levoy Bollinger Dec 18 57

M Wi 5-24-1888 (19

Class worker Cless Industry Tennsylvania (1.5)

Clillian C Milinger Mary Murtland Rakville

No. Hazel Brilinger 1011 Rockrost Time

No.

JEC 83 TEL

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY e. STATE **b.** COUNTY Montgomer MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hrs. 40 min. D. C. Takoma Park ---0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 615 Quintana Place Washington Sanitarium & Hospital YES NO I NAME OF First Middle DATE Month Dov Year DECEASED 12 25 19 57 (Type or print) Arthur Emi L Bonn DEATH Š 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE Ile years IFUNDER TYEAR IF UNDER 24 HRS. 67 Months Days White 5-26-90 Male WIDOWED | DIVORCED [ yrs. 10a, USUAL OCCUPATION [Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPL CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2 0 during most of working life, even if retired) Traffic Bureau America 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Bonn Rose Loeffer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address No Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) buriol-tronsit **DUE TO** Conditions, if any, which gove rise to immediate cause 6ug **DUE TO** (o), stating the underlying underel ulco couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL 00 WAS AUTOPS PERFORMED? YES (Z) NO [ 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port It of Item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 3 should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Store) factory, street, office bldg., etc.) MED! g. m. While Not while of work at work p. m. to the Chief Medi-DIRECTOR: Poge 21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection Inquiry and find that Chief death resulted from: Natural causes 1. Accident I I. Suicide . Homicide , Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) cute F BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 0 Ó FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR S SIGNATURE 24a, REC'D BY REGISTRAR VS. A15ME(5) DATE. 5M 9/55

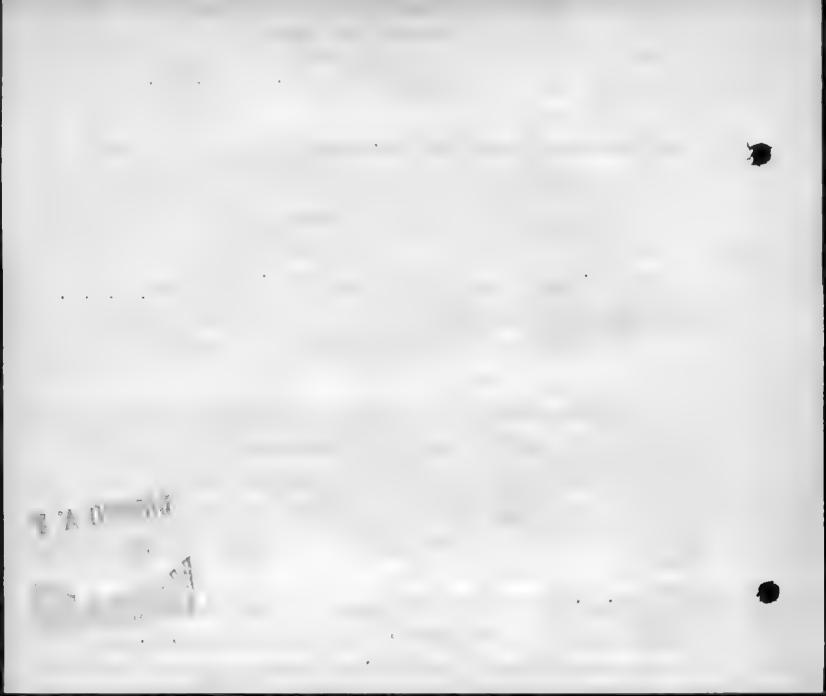
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. E.

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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	13269
		13302 CERTIFICATE OF DEATH Reg.	Dist. No. 217
[. <del>5</del>	Ī	PLACE OF DEATH  COUNTY Montgomery  Olney  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived if institution Residution Re	dence before admission)
	4		#1 Washingtor
		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fawn)  c. LENGTH OF STAY IN 16  c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fawn)	a give nearest tawn)
17.	, [	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
11	- E	Montgomery County General Hospital, Ind.  NAME OF First Middle lost 14 DATE Month	YES NO
	ľ	NAME OF First Middle Lost 4. DATE Month OF DECEASED (Type or print) Dawn Adrienne Boston DEATH December	29 19 57
	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF SIRTH 9 AGE (In years IF UND	ER I YEAR IF UNDER 24 H
		female Colored WIDOWED DIVORCED 4/1/57   lost birthdoy) Wenth	s Days Hours Min
7	1	Da. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slate or foreign country) 12. 1	CITIZEN OF WHAT COUN
	/		United State:
Mary 1	"   l	). FATHER'S NAME	
	1:	Charles C. Boston Helen B. Bacon  WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
(	9 1	NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  10. INFORMANT  21. Ol Address 21. Ol 2nd.  none  Helen Boston (mother) Washington	St. N. E.
	F	18. CAUSE OF DEATH [Enter only one couse per line for(a), (b), and, (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ONSET AND DEATH
		500X DUE TO	4.0
		Conditions, if any, which gave rise to Immediate	4121
		lying cause last.  (c) Arouse Traches Traches Traches	40a
		PART 91. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(a) 19. WAS AUTOP
1		200 ACCIDENT WAS UNIDERLYING FT. 200 RESCRIPE HOW INVIDENCE OF THE PROPERTY OF	YES NO
	CESTISICATION	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II ar Port III of item 18.)	
	100	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. White Not white 120c. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) foctory, street, office bldg., etc.)	(County) (Sta
		p. m. 19 of wark at work	
			I last saw the deced
		alive on 12/29, and that death accurred at 1:10 P.M. from the causes and an ADDRESS (Street, city or town, state)	the date stated ab
1		ACTUAL SIGNATURE M.D.	DATE SIG
5		M.D.	
		NAME (Typo) C. H. Ligan	
	2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country REMOVAL (Specify)	/) (State)
	-	1/1/00 Good nope. Colesville Ma	
	1	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ROCKVILLE, Md.  DATE: ALL RECTORY REGISTRAR 246 REGISTRAR'S  COLUMN AND RESISTRAR'S  ROCKVILLE, Md.	SIGNATURE
	L	Congli Li Alenta ( MORVIIIE, MI) DATE IN 6 11 Gurls	recorder people





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### FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13304 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived If institu	ution: Residence before admission)					
	a. COUNTY Mintumery	MARYLAND	o. STATE Mariland & COUNT	monta					
	b. CITY OR TOWN ( ) outside corporde timits, write EURAL	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporale limits, write	RURAL and give necest lown)					
	and give regress (layer) KENSTNOTON	4 yra	Z XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KENSINGTON					
	d NAME OF HOSPITAL OF INSTITUTION (If not in hospi	ital, give street address)	, d. STREET ADDRESS	e IS RECIDENCE					
0	10707 Bently, 11	2	10707 Buille	YES T NO DE					
	3. NAME OF First	M ddle	Lost A DATE Month	h Doy Year					
	DECEASED TO THE TOTAL OF THE TO	D.	OF DEATH	9/ 1957					
		OLST DAGE	DATE OF BIRTH 9 AGE (In years	THUNDER TYEAR IF UNDER 24 HRS.					
	Drule white WIDOWED		8-1-1890 G7 yrs.	Months Days Hours Min.					
	10a. ABUAL OCCUPATION (Give kind of work done 10b Kl) defind most of working-life, even if relired)	ND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY					
2	houseurfe	None	Denmark	11. S.C.					
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	,					
	LARL HOLSI Chrisler	SEN	NIELSINE MARIE PET	erson					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 50	OCIAL SECURITY NO. 17. IN	FORMANT Address	- Ann					
	No 27	19-34-6693 1/1	Low Brandont (son) son	me as Ilin 2					
	18. CAUSE OF DEATH [Enter only one cause per line fo	or (a), (b), and (c).]	The second secon	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY:	ite Coralica	· Parling	and den					
	74.74 DUE TO								
	(Conditions, if any, which) (b) Char	min Cardin	- muco desense	102100					
	gave rise to immediate cause (a), stating the underlying DUE TO			7.00					
	couse fast.								
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIV	EN IN PART I(a) 19. WAS AUTOPSY					
	PART II, OTHER SIGNIFICANT CONDITIONS CON  JACA DE STERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF CATH.	0-422		PERFORMED? YES □ NO □					
	200. EXTERNAL CAUSE WAS 20b. DESCRIBE		fer nature of injury in Part 1 or Part 16 of Hem 18.)						
	700. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.								
	3 20c. TIME OF INJURY Month, Day, Year 20d IN	HURY OCCURRED 20e. PLACE	E OF INJURY (Home, farm, 120f, (City or town)	(County) (State)					
	70c. TIME OF INJURY Month, Day, Year 20d IN Heur a.m. White p. m. 19 at work	1401 willie	y, street, affice bldg., etc.)						
	21. I certify that I took charge of the re		e, held an Autopsy . Inspection .	Inquiry X, and in my					
	opinion death resulted from: Natural co			1-7-02					
	opinion decan resulted from: 14010101 Co	iuses (XI). Accident	, Solcide , Homicide , Ondere	rmined monner					
	ACTUAL TO DO	- 1 - <del>- 1</del>	CHIEF MEDICAL EXAMINER	DATE SIGNED					
	SIGNATURE SEEMEN & MARKET	chair	ASSISTANT MEDICAL EXAMINER						
	EXAMINER'S FAHAYK T. R	roschart	DEPUTY MEDICAL EXAMINER S	12-21-57					
	220. BURIAL CREMATION, 226 DATE THEREOF	0 410 41 1	7	72,273					
	DELICOVAL ICHARACT I I III III I III I I III I I I I I I	FT. LINCOLN CR	, , , , , , , , , , , , , , , , , , , ,	or county) (State) E COUNTY. MD.					
	23 FUNERAL DIRECTOR'S AGNATURE	ADDRESS		STRAR S SIGNATUREZO					
	Marie & Tumphury			11					

DEPUTY MEDICAL EXAMINES: This certificate should be executed within 24 haurs ofter death. If any deloy is necessary, please execute the certifimate, writing the word "pending" in pendil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shau!

4 shau!

5 FUNA

6 OIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5 shauld be used as a burial-transit permit. File pages 1 and 2 with the 5 shauld be used as a burial-transit permit. File pages 1 and 2 with the 5 shauld be used as a burial-transit permit. File pages 1 and 2 with the 5 shauld be used as a burial-transit permit. TO DEPUTY 4 shau VS. A15ME 5M 2/57

19 A 17 9 5 3 C

13305 **CERTIFICATE OF DEATH** Reg. Dist. No. filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY a. STATE - b-COUNTY MARYLAND death. ero b. CITY OR TOWN Uf outside corporate lights, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þe RURAL and give nearest town) the fune should I d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 24 YES TO NO IS NAME OF First Middle Year DECEASED 1957 (Type or print) CHRISTO BRANDY DEATH December 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED T AGE {In years lost birthday} Months Days DIVORCED | WIDOWED D 100 USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? dod USA. LOR carbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician ove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 90CIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac come decompensation wks AND WEST **DUE TO** Chronic myocarditis Canditions, if any, which Vrs (b) gove rise to immediate DUE TO couse (a), stating the under-Generalized arteriosclerosis lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? None YES NO 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED Day, Year 20f. (City or town) (County) (Stole) Hour o. n. factory, street, affice bldg., etc.) Not while of work of work p. m<del>.</del> 2). I certify that Lattended the deceased from Reb. 18 1955, ta Dec. 18 1957, that I last saw the deceased and that death accurred at 12:55 MM from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL 1629 Columbia Rd. N.W. Jash 9. 0 PHYSICIAN'S George Dewey NAME (Type) FUNER oge 3 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, I 22d. LOCATION (City, town, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Ta

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BULLAU V. E.

PLACE OF DEATH o. COUNTY

NAME OF

5. SEX

DECEASED (Type or print)

10a USUAL OCCUPATION

2 amue IS. WAS DECEASED EVER IN

CERTIFICATION

MEDICAL

13. FATHER'S NAME

b. CITY OR TOWN (If or RURAL and give neare Westmoreland d NAME OF HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18									
13306 Itmes CERTIFICA	ATE OF DEATH Reg. Dist. No.	14							
ace of Death COUNTY /Ontgowery MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission o. STATE Yary laud b. COUNTY / lovery 6 weer								
CITY OR TOWN (If outside carborate limits, write RURAL and give nearest town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Westmoreland Hills								
NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION At his home	. d STREET ADDRESS . O. IS RESIDE . 5214 Formington Pd. ON A FA YES D	ARM?							
AME OF First Middle ECEASED Print) ROSE 14.	Britton 4. DATE Month Day Year OF DEATH December 27 19	_							
Femele 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  19. AGE (In years last birthdoy)  19. AGE (In years life UNDER 1 YEAR IF UNDER 2 YEAR)  19. AGE (In years life UNDER 2 YEAR)  19	24 HŘS Min							
USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU: during most of working life, even if retired)	Ushing fam. D. C. 12 CITIZEN OF WHAT CO	DUNTRY?							
Samuel H. Lee	Annie Trodden.								
	s Rose Steinbuckl 5214 Farrington	Ro.							
B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	erebras Hemorrhoge interval Betwoen to be								
Canditions, if any, which gave rise to immediate (b).	ypertension 1041	2							
cotise (a), stating the under. DUE TO lying cause last.  (c)	rterioselerosis 10 41	- 5 .							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES \( \sum No \( \text{N} \)									
20g. ACCIDENT WAS UNDERLYING DON'T 20b. DESCRIBE HOW INJURY OCCURRED TO CAUSE OF DEATH OF CENTRE MEDICAL EXAMINER)	D (Enter nature of injury in Port I or Part II of item 18.)								
	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) ctory, street, affice bldg., etc.)	(State)							
21. I certify that I attended the deceased from 17 a.e.	1957, to Dec 27, 1957, that I last saw the de	hernen							

21. I certify that \_\_\_, and that death occurred at 11 35 P.M. from the causes and on the date stated above. ACTUAL SIGNATURE

PHYSICIAN'S BERNETH HEODORE

NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

12-31-57

Arlington National

22d. LOCATION (City, town, or county)

(State)

240, REC'O BY REGISTRAR St & mass Av e 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE Lee Funeral Home 4th

VS A15 (4)

BUREAU V. K.

DECEINEL

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13263 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 13274 Reg. Dist. No. 2-23

1	. COUNTY Montgomery	MARYLAND									
	b. CITY OR TOWN (16 outside corporate limits, write BURAL and pive nection louth) - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	c. LENGTH OF STAY IN 16 7 days									
h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi		d. STREET ADDRESS					RESTDENCE			
1	Washington SAnd & Hos	р	7000 Wes	tmore	land Av	re		A FARM?			
7	3. NAME OF First OECEASED (Type or print) Anna Catherine B	Middle rown	Lost	4. DATE OF DEATH	Month		,	Year 19 <sup>5</sup> 7			
1	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   8.	DATE OF BIRTH		9. AGE (In years	IF UNDER TY		DER 24 HRS.			
ı	Female White WIDOWED	DIVORCED [	11-4-91		66 yrs.	Months Do	ys Hours	Min.			
	100. USUAL OCCUPATION (Give kind of work done 10b. KII during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote Mich	- ,	country)		SA	COUNTRY?			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME							
ı	Braun			V	<i>l</i> eirthne	er					
	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SI (Yes. no. or unknown)	OCIAL SECURITY NO. 17. IN	FORMANT		Address						
L	no	Ţ	Washington	San	& Hosp	Recor	cds				
Ī	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]										
ı	PART I. DEATH WAS CAUSED BY: Shock Shock										
1	DUE TO 7 days										
1	Gonditions, if eny, which gove rise to immediate couse   1st add 2nd degree burns involving about   1   1   1   1   1   1   1   1   1										
I	(a), stating the underlying DUETO	83% or body	and extre	MITTE	S						
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY										
	PART II. OTHER SIGNIFICANT CONDITIONS CON  20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  CAUSE OF DEATH.	TRIBUTING TO DEATH BUT NO	OI RELATED TO THE TERMI	NALVISEAS	E CONDITION GIV	EN IN PARI I		ORMED?			
	200. EXTERNAL CAUSE WAS X PRIMARY OF CONTRIBUTING CONTRIB	HOW INJURY OCCURRED. (EM				oured	in i	furnaci			
		JURY OCCURRED 20s. PLAC	E OF INJURY (Home, form	20f. (City		(County		(Stote)			
	20c. TIME OF INJURY Month, Day, Year 20d. IN 41.0450. m. am 11-30, 57 While of world		nome	1	akoma F	k	Montg	Md			
ı		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X, Inquiry x and find that									
I	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause										
	1	ſ					-				
	SIGNATURE Trankly Por	chart	M.D. CHIEF MEDICAL EX	AMINER _							
	EXAMINER'S	4	ASSISTANT MEDIC		_						
	NAME (Type) Frank J. Brosc		DEPUTY MEDICAL I			12-6	-5/				
1		Fort, Lincoln			Ce Geo	CO.	Mary				
	A Cithur Mallirs, 254 Co	wrolf DUNN	AUC. DATE /	2/4/S	RAR 245, 19EG IS	TUTA	ATURE X	284			

VS. A15ME(S) SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU K

CECEINED SELECTION OF THE PROPERTY OF THE PROP

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	13276
			13308 CERTIFICATE OF DEATH	21/
Poge 4	S. /	1.	PLACE OF DEATH O. COUNTY MONTGOMERV MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE of COUNTY of	
death: uneral id be fi			b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  BETHESOA  23 Ars  KENSINGTON	
by the f	2001		d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  d. STREET ADDRESS  G. STREET ADDRESS  G. STREET ADDRESS  G. STREET ADDRESS  G. STREET ADDRESS	e is residence on a farm? YES NO
illed in		3.	NAME OF DECEASED (Type or print) THOMAS EDGAR BRUST DEATH DEATH	Day Year 15 19.57
d within bletely f rs. Rog			MAKE WHITE WIDOWED   DIVORCED   aug 1, 1872   loss birthday) Months	TYEAR IF UNDER 24 HRS. Days Hours Min
execute nd camp an pape death.	/	L	MACHINIST RETIRED FREDERICK Md	ZEN OF WHAT COUNTRY?
cate be lician or le carbons rs after		13.	FATHER'S NAME CHARLES BRUST ANNIE STUL	1
ng physe remay 72 hau	Å		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (It yes, give wor or dates of service)  Address ROJGER 13 RUST 621 She	Hyattorrelo
e death attendi n pleas t within			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Cause Company  IMMEDIATE CAUSE (a)	INTERVAL SETWEEN ONSET AND DEATH
hat in y she The			420.1 DUE TO	
quires It igned b permit.	(1	1	Conditions, if any, which gave rise to immediate carse (a), stoling the under-	IDAU
sician seen s ransif		NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
: The lang phy ie has to burial-to	*	TIFICATI	Chilenioscleratee anounces itoria right Foremost te.  200. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II at item 18.)	PERFORMED? YES NO
CIAN Iffendi Iffeol		AL CER	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
tal ar a this cer or use a rematio		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while at work at wo	ounty) (State)
NOING e haspi t: After iched fa urial, c			21. I certify that I attended the deceased from 12-14, 1952, to 12-15, 1952, that I leading an 12-15, and that death occurred at 7555. M, from the causes and an the	ast saw the deceased
R Atterd by the RECTOR be detected to be	£		ACTUAL SIGNATURE KILL CLEVE M.D. WASHING ION CLINI	, DATE SIGNED
retoine RAL DII	/		PHYSICIAN'S PAUL KIFRNAN	
may be page the registration		220	(BUR.A) CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) SELECTION (278-57 MT. OLIVET FREDERICK	(State)
YS A15 (4) 15M 9/55		23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 48/2 &C. 240. REC'D BY REGISTRAPS 244. REGISTRAP'S SIGNERAL FUNERAL HOME are not party.	HATURE /
13W A133	6. 1	1	Wash	1 3

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13309

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13277 Reg. Dist. No.27

1. PLACE OF DEATH				13	,	Where decea	sed lived. If in:	stitution: Resi	dence be	fore adm	iission)			
	Montgomery MARYLAND						o. STATE Maryl nd b. COUNTY Montgemery							
b. CITY OR TOWN and give nearest to	(If autside corporate hmits, write	RURAL C.	LENGTH OF STAY IN 16	c. CITY	OR TOWN (II	outside cor	porate limits, w	rite RURAL o	nd give r	regrest to	own)			
Bethe			A davs		Rockvi	lle								
	PITAL OR INSTITUTION (I	not in hospital,		d STRE	ET ADDRESS						ESIDENCE			
Suburb	an Hospital			R.F	.D. 1,	River	Road				A FARM?			
3. NAME OF DECEASED	Firs		Middle		Last	4. DATE	M	onth	Day	,	Year			
(Type or print)	G wynne		Michelle	Bry	an	DEATH	De	cember	8	1	1957			
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF B	RTH		9. AGE (In year lost brithday)		RIYEAR		ER 24 HRS.			
Female	Thite	WIDOWED [	DIVORCED	Augus	t 4, 19	940	17,	Months .	Days	Haurs	Min.			
10o. USUAL OCCUPA	TION (Give kind of work diking life, even if retired)	one 10b. KIND	OF BUSINESS OR INDUS	TRY 11. BIRT	HPLACE (State	or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY?			
Saleslady		Dept	. Store		book.	Texas		A	meri	ca				
13. FATHER'S NAME				14. MOTHE	R'S MAIDEN N	MAME								
Weyn.iond	E. Newton			N-	elba Lo	uise :	Moore							
15. WAS DECEASED !	EYER IN U. S. ARMED FOR			NFORMANT				24 O D		0				
no	(in last three way or count or a	1525	-82-9269 M	rs. Ne	lba Kli	ne	,	6101 D	unle	er U	ourt			
	ATH Enter only one cout			4 10.8 4432		4030		<u>Pethes</u>	INTE	Marry RVAL BETW	FFN			
PART I. DE	ATH WAS CAUSED BY	Acnomos	tion pneumon	50 % 0	toloct	0030	bilater	f Far	ONS	ET AND GE	ays days			
	DUE TO	Raitera	CHOIL DIAGRADO.	120. 0. 0	COLOCO	UDID	DITTORET	.a.r.)		44 1	JULY B			
Conditions, if		Canaha	al contusion	2. Mar.	44-1- (	Camaha	n? Unne			د مامه	70.00			
gave rise to imm	rediate cause (	<u> </u>	AT COULTRETOR	1 OC BIETT	(Lpre )	cercor	rat hemo	Truage	35	5 day	y S			
(a), stating the	auganying 1									E 3.				
	THER SIGNIFICANT COND	HIDNS CONTR		NOT RELATED	TO THE TERM	NAI DISEAS	E CONDITION	GIVEN IN PA	PT 1/a) 2		ALTOPSY			
18		_	_			1116 210211	or dollaring.	Q., [14 1]4 1 X		PERFC	RMED?			
200 EXTERNAL C	Rupture of		DIA W INJURY OCCURRED. (	Eater and an a	fitation to non	. l B (1	-6.75 - 10.5			YES Z	Sure:			
PART II. O	CINTERIBUTING L.	. DESCRIBE AC	44 INSURT OCCURRED. (	chier nature c	r injury in ron	or Farr II	or Hem 16.)							
		Driver	of car which	ran i	rto re	ar of	truck							
20c. TIME OF INJ		While		tory, street, of	Y (Hame, form fice bldg., etc.	)   20f. (Cit)	y or tawn)	(C	ounly)		(Slate)			
Part of the control o			at work 😿 🔭	iighway			thesda	Mont	7.	Md.				
	that I took charge			ove, held	an Autaps	у 🔙 🗆	nspectian [	], Inqu	iry 🗌	, and	find that			
death resulte	d from: Natural o	auses 🔲,	Accident 🚾, Su	icide 🔲,	Hamicide	. 🔲 , U	ndetermined	d cause [	].					
	2	0												
ACTUAL SIGNATURE	Joseph J. 1	Inn	trait	M.D. CHIE	F MEDICAL EX	CAMINER [				DATE:	SIGNED			
EXAMINER'S				ASSI	STANT MEDIC	AL EXAMINE	ER 🔲							
NAME (Type)	Frankle T B.				ITY MEDICAL	EXAMINER 1		12/8	3/57					
220. BURIAL, CREMAT	ION, 226. DATE THEREO	SPC HEATS.F.	NAME OF CEMETERY OF	CREMATORY		22d. LOCA	TION (City, faw	n, or county)		(Sial	8)			
Burial (Special	" 12-11-5	7 A	rlington I	Vation	ial Ce	m.	Arling	ton.	Vir	gini	a.			
23. EUNERAL DIRECTO	DES SIGNATURE	Das	ADDRESS M.C.			D BY REGIST		GISTRAR S 5	IGNATU	RE				
Honofite M	Autor Kreev	э	hesda, Ma	rylan	DATE /	4-11-	57 Box	wie /	2 It	1011	teans			
The state of the s	The same of the sa				. /3		10 4000		- 4		7			

VS. A15ME(S) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU Y. 5

OEC OF ESS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutioni Residence before admission) COUNTY filed b. COUNTY MARYLAND Com e death. eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN of outside corporate limits, write RURAL and give vegres! town) RURAL and give nearest fown) phould Silver Spring OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 801 Dryden Street YES NO! NAME OF First 4. DATE Middle Month Day Year DECEASED December 8 19 57 (Type or print) DEATH re sa AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 4. COLOR OR RACE B. DATE OF BIRTH MARRIED NEVER MARRIED Months Days OCT. 28. 1894 DIVORCED [ WIDOWED' 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ireland U.S.A. Own home Homemaker carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Ann Keenan WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DNY L IMMEDIATE CAUSE (a) 201.0 **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cottse (a), stating the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. CATION WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. 1957, 10 Dec 21. I certify that I attended the deceased from CAN 1952 that I last saw the deceased and that death occurred at 11:30PM, from the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED 8025 ABERDEENRL PHYSICIAN'S NAME (Type) DELAWTER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY "COUNTY. (State) BURTAL (Specify) PARKLAWN CEMETER 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE **ADDRESS** REC'D BY REGISTRAR VS A15 [4] 15M 9/\$\$

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				1331	4	CERTIFI	CMIE	OF DEATH			Reg. D	ist. No.	215	
No.	`		LACE OF DEATH			444000	n	SUAL RESIDENCE (WH		lived. If institution 5. COUNTY	on: Reside	nce befor	e odmiss	ion)
	111	, .		ntgomery		MARYLAN		Marylan						
			RURAL and give n		IS, WEITE	c. LENGTH OF STAY IN		CITY OR TOWN (IF o			URAL and	give nea	rest town	n)
		_=		Rural) TAL (If not in hospitol, g		2 mos.25 da		Silver	Spring	5		-		
. 4	51		OR INSTITUTION				1	S. STREET ADDRESS	7	. 707 7		1		FARM
				. Hospital,				9338 Co						NO [
			NAME OF DECEASED	Fire		Middle		Lost OT ATOE	4. DATE OF DEATH	Mon		Do <sub>1</sub>		Year
		5. 5	Type or print)	Anna		Quilty		CLARK TE OF BIRTH	DEATH	Decemb	IF UNDE			19 5
			_	3		RIED NEVER MARRIED		ept. 1881		9. AGE (In years lost bichdoy)	Months		Hours	Mil
			emale	White	WIDOW	KIND OF BUSINESS OR I			as faraina s	76 yrs.	12.5	TIZEN O	E MINAT	COUN
A.	11		during most of wor	king life, even if retired)	Jone 100.		- 1			ountyj	12, 0			COOR
	-/	-	FATHER'S NAME			None		Massachuse				U.S	*	
				TTT MEE					IAME					
		-	Michael QU	F IN U. S. ARMED FOR	CE 52 14	SOCIAL SECURITY NO. T	7 INFORM	ary CLARY		Add				
	0	(You	, no. or unknown!	[If yes, give wer or dates of s	BLAICE]				37 777			- 110	1	
	4		No				OH-TI	-Law, John	M. F.	TIATET (SE	me A			
				ATH [Enter only one co		ne for (o), (b), and (c),	n · c	10.0	411	71	e. 11	ONS	RVAL BE	DEAT
				ATH WAS CAUSED BY IMMEDIATE CAUSE (a	5 L- 14	ainoun of I	(1) all	F 199 CIV 1 1	V Ura	-11/20/11/1	1 1 1 1 Kk	11/20		6 1
			11700 6				7770	e certification	4 6 600	- CALLOU U	000			7 7 .
			420,6	DUE TO		11-00-	1)	17 Pl	4 1 600			-	7	
			Conditions, if a	DUE TO		Nultiple Th	nen	fothe Ph	enem	ena		7	2 me	rit
			Conditions, if a gave rise to i couse (a), stating	DUE TO  DUE TO  DUE TO  DUE TO		Multiple Th	nem				Filip	7	- me	nt.
		ż	Conditions, if a gave rise to couse (a), stating lying cause lost.	DUE TO  tiny, which the under to (c)	, a	Multiple The	tic /	Fart Pra	ènse E	atril,	Feline	2 Vatur	- me	riti
	2	ATION	Conditions, if a gave rise to couse (a), stating lying cause lost.	DUE TO  tiny, which the under to (c)	, a	Multiple The tenoscieno CONTRIBUTING TO DEATH	tic /		ènse E	atril,	Feline EN IN PA	Z (Letter RT 1(0) 11	PERFC	RMED
	2.	HICATION	Conditions, if a gave rise to i couse (a), starting lying cause lost.  PART II OT	ony, which the under to the significant con Paralysis	on an	ileus:	tic A	HEAT DES	NAL DISEAS	ECONDITION GIV	Feline VEN IN PAI	Zelation RT 1(0)	P. WAS PERFO YES K	RMED
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	2.		Conditions, if a gave rise to it couse (a), starting lying cause lost.  PART II OT  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 1900. TIME OF INJUIT Hour omp.m.	DUE TO  Jay, which the under the under HER SIGNIFICANT CON  AS UNDERLYING 13  D CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Yee  19	DITIONS (2006. DES)  2006. DES)  White of wor deceas	CRIBE HOW INJURY OCCURRED  NJURY OCCURRED  Not while of work  ed from 16 Sept	BUT NOT I  JERRED. (Ent  PLACE O foctory,	FINJURY (Home, formstreet, office bldg., etc., 19, 57, to 11	NAL DISEASI	E CONDITION GIVE III of item 18.) or lown)	7.,that I	(County)	PERFO YES (L)	(St
	2.		Conditions, if a gave rise to i couse (a), stating lying cause lost.  PART II OT  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF): 20c. TIME OF INJUI Hour o m p.m.	DUE TO  Jay, which the under the under HER SIGNIFICANT CON  AS UNDERLYING 13  D CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Yee  19	DITIONS (2006. DES)  2006. DES)  White of wor deceas	CRIBE HOW INJURY OCCU	BUT NOT I  JERRED. (Ent  PLACE O foctory,	FINJURY (Home, formstreet, office bldg., etc., 19.57, to. 11 urred at 7:30A	Port I or Port  20f. (City  Dec.	e CONDITION GIV or lown)	Lithat I	(County)	PERFC YES (A)	(St
	2		Conditions, if a gave rise to i couse (a), stating lying cause lost.  PART II OT  20a. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIFY Hour o m. p. m.  21. I certify to alive on 10	DUE TO  Jay, which the under the under HER SIGNIFICANT CON  AS UNDERLYING 13  D CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Yee  19	DITIONS (2006. DES)  2006. DES)  White of wor deceas	CRIBE HOW INJURY OCCURRED  NJURY OCCURRED  Not while of work  ed from 16 Sept	BUT NOT I	FINJURY (Home, form threef, office bldg., etc., 19.57, to 11 urred at 7:30A	Port I or Port  , 20f. (City  De C.  ADDRESS (SI	e CONDITION GIV or lown)	,that I and an istate)	(County) last so	PERFC YES A	(Shi
	2.		Conditions, if a gave rise to it couse (a), starting lying cause lost.  PART II OT  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 1900. TIME OF INJUIT Hour omp.m.	DUE TO  Jay, which the under the under HER SIGNIFICANT CON  AS UNDERLYING 13  D CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Yee  19	DITIONS (2006. DES)  2006. DES)  White of wor deceas	CRIBE HOW INJURY OCCURRED  NJURY OCCURRED  Not while of work  ed from 16 Sept	BUT NOT I	FINJURY (Home, formstreet, office bldg., etc., 19.57, to. 11 urred at 7:30A	Port I or Port  , 20f. (City  De C.  ADDRESS (SI	e CONDITION GIV or lown)	,that I and an istate)	(County) last so	PERFC YES A	(Shi
	2.		Conditions, if a gave rise to it couse (a), stating lying cause lost.  PART II OT  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 19 m.)  20c. TIME OF INJUIT Hour o m. p.m.  21. I certify to alive on 10	DUE TO  the under to the under to the under to the under to the under to the under to the under to the under to the under to the under to the under to the under to the under to the under	DITIONS CONTROL 2006. DES.  OF 200d. III White of wor deceas, 19	CRIBE HOW INJURY OCCURRED  NOT white control of work control o	BUT NOT I	FINJURY (Home, form street, office bldg., etc., 19.57, to 11 urred at 7:30A	Port I or Port  20f. (City  Dec.  Dec.  AoM, fran  ADDRESS (St.	e CONDITION GIV III of item 18.) or lown) or lown) 19.57 in the causes or reet, city or town, ital, Bet	7,that I and an state) thesd	last so the dat a, M	PERFO YES A	(Shi
	2.	MEDICAL	Conditions, if a gave rise to it couse (a), stating lying cause lost.  PART II OT  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 100.)  20c. TIME OF INJUIT Hour om p.m.  21. I certify to alive on 10  ACTUAL SIGNATURE  PHYSICIAN'S RAME (Type)	DUE TO  Company, which the under the under to the under the	DITIONS OF 20th DES	CRIBE HOW INJURY OCCURRED  NOT while  of work   ed from 16 Sept  57, and that de	BUT NOT I  BUT NOT I  PLACE O foctory, 1  M.D.	FINJURY (Home, form street, office bldg., etc., 19.57, to 11 urred at 7:30A  U.S. Naval	Port I or Port  , 20f. (City  )  De Co  AM, from  ADDRESS (St.  HOSP	e condition Given 18.)  or lown)  or lown)  the causes of reel, city or lown, ital, Bettletal, Bett	Lithat I and an istore) The sd	(County) last so the dat a, M	res withe the state of the stat	dece
	2.	MEDICAL	Conditions, if a gave rise to it couse (a), stating lying cause lost.  PART II OT  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 100.)  20c. TIME OF INJUIT Hour om p.m.  21. I certify to alive on 10  ACTUAL SIGNATURE  PHYSICIAN'S RAME (Type)	DUE TO  SIRPY, which the under the u	DITIONS COLUMN C	CRIBE HOW INJURY OCCURRED  NOT while  of work   Sept  57, and that de  LUCAL  T, MC, USN  22c. NAME OF CEMETE	BUT NOT I  BUT NOT I  PLACE O foctory, 1  ath occur  M.D.	FINJURY (Home, form street, office bldg., etc., 19.57, to 11 urred at 7:304 U.S. Naval	Port I or Port  , 20f. (City  Dec.  A.M. from  ADDRESS (St.  HOSP)  22d LOCAL	e CONDITION GIV  Ill of item IB.)  or lown)  or lown)  the causes of reet, city or lown, ital, Bet ital, B	I, that I and an a state) The sd the sd or county)	last so the dat a, M	PERFO YES A	dece
	2.	WEDICAL	Conditions, if a gave rise to it couse (a), stating lying cause lost.  PART ID OT  200. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIFE)  20c. TIME OF INJUITED TO ME TO	DUE TO  SIRPY, which the under the u	DITIONS COLUMN C	CRIBE HOW INJURY OCCURRED  NOT while  of work   ed from 16 Sept  57, and that de	BUT NOT I  BUT NOT I  PLACE O foctory, 1  ath occur  M.D.	FINJURY (Home, formattreet, office bldg., etc., 19.57, to 11. urred at 7:304  U.S. Naval  U.S. Naval	Port I or Port  , 20f. (City  )  Dec.  A.M., from  ADDRESS (St.  HOSP)  22d LOCAL  Spri	e condition Given 18.)  or lown)  or lown)  the causes of reel, city or lown, ital, Bettletal, Bett	Tithat I and an istate) the sd the sd or county) Mass	last so the data, Ma, Ma	res (Stor	dece

BUILLAU V. L.

CEDALED STA

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	X	13313 CERTIFICATE OF DEATH Reg. Dist. No. 246
ector, J with	4/	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
eral direct	M	
funeral		Dethesda 13 deur Bheun Chase Md.
by the	74	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION UP LE LA COMMA FARM? YES NOW
illed in	. ,	3. NAME OF DECEASED (Type or print)  Charles C. C. CARK DATE Month Doy Year OF DEATH 12 27 19 57
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ing physe remov 72 hou		15 WAS DECRASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANY SOLVED OF MAN 18 OF WORLD OF SOLVED ST. ROCKUITE A
thendi pleos rithin		1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ]  PART I. DEATH WAS CAUSED BY:  ONSEY AND DEATH
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d by mil.		Conditions, if any, which (b) Congrative Heavit Facture d weeke
signe sit per ad in		couse (a), stoting the under- DUE TO Chronical Deneral Enteriorely 10 months
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ficate he the buri	1).	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  PERFORMED?  YES NO [2]  200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
his certifuse as		20c. TIME OF INJURY Month, Doy, Year Mour a. m.  Hour a. m.  p. m.  19  20d. INJURY OCCURRED While Nat while at wark of work of work
Ospito frer fl sd for al, cre		21 I certify that I attended the deceased fram. Opril 12, 1957, to Dec. 27, 1957, that I last saw the deceased
on: A		alive on 1957, and that death occurred at 7 MM, from the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED
RECTO	,	SIGNATURE Truck of Juggers & MO. 5707 Wisconsin Cive 12/27/5
AAL DIR	/	PHYSICIAN'S Frank Y. Jaggers, Jr., M.D. Chevy Clease (5) mel.
Poige		22c. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Washington Dist. Columbia
- D 0. =		22. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Robert A. Pumphrey-7557 Wis. Ave. Be thesda, Mary 19-30-47 Bearing Mary 19-30-47 Bearing Mary 19-30-47
/S A15 (4) 15M 9/55		Robert A. Pumphrey-7557 Wis. Ave. Be thesda, Md. 12-30-57 Benie M. Shorn programmes

BURLAU V. 2.

DEC :

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13314 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceated lived. If institution, Residence before admission) uneral director. Page ained for your files. a. COUNTY MONTGOMERY O STATE MARYLAND 6 COUNTY MONTGOMERY MARYLAND b CITY OR TOWN (if outside corporate I mily, write #URAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) and give nearest town). SILVER SPRING SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d/ STREET ADDRESS . IS RESIDEN F ON & FARM? WHITMOOR TERRACE 229 WHITMOOR TERRACE YES NO TX NAME OF Fred Middle DATE Lost Month Year DECEASED (Type or print) PAULINE DEATH 28 CLOUD DEC 19 57 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HKS 72 Months Doys Hours Min. FEMALE WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) 12 C TIZEN OF WHAT COUNTRY? U.S.A. PENNSYLVANIA HOMEMAKER HOME 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME PAULINE 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Pauline C. Padden, 229 Whitmoor Terrace Silver Springwallden 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary occlusion Found dead Ö Office **DUE TO** in bed Conditions, if any, which gove rise to immediate cause cal Examiner **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO DE 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f (City or town) (County) (State) factory, street, office bldg., etc.) Hour Not while of work of work 10. 70. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection Tr. Inquiry Tr and in my forworded I opinion death resulted fram. Natural causes 🔀 , Accident 🗐 , Suicide . Hamicide . Undetermined manner ACTUAL DATE SIGNED 2 2 mohart CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 12/28/57 **EXAMINER'S** NAME (Type) FRANK JY BROSCHART DEPUTY MEDICAL EXAMINER TO 220. BUR AL CREMATION 225, DATE THEREOF 45.5 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) BURIAL (Specify) GREEN HILL CEMETERY WAYNESBORO. PENNSYLVANIA ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 246\_REGISTRAR'S SIGNATURE A15ME SPRING. MD.

NA.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13315 **CERTIFICATE OF DEATH** Reg. Dist. No filed with Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE Montgomery b. COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þe RURAL and give nearest town) Plnoys Kensington Washington, D.C. d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Carroll Hall Rest Home d. STREET ADDRESS Dahlia St., N.W. NAME OF First Middle 4. DATE Filled DECEASED OF DEATH Bartlett OALE SŒ DLC. (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) White Female DIVORCED | WIDOWED A papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Housewife Own Home Marvland pup offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Juliet Reese Bartlett hou 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO Mrs K.A. Humphre Moress 17. INFORMANT xxxxxxx 7902 Kentbury Dr., Beth. Md. attending Nο 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ₻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HROMBOSIS **DUE TO** þ any Conditions, if any, which signed gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. physician burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate MEDICAL 20c. TIME OF INJURY Day, 20e. PLACE OF INJURY (Home, form, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg, etc.) 0. [1 While Nat while of work of work p. m. detached for 21. I certify that I attended the deceased from AUG: 30, 19.52, to DEC. 16, 19.52, that I last saw the deceased and that death occurred at 1:40/M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL pe 0 PHYSICIAN'S Ola NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d/LOCATION (City, fown, or county) REMOVAL (Specify) Friends Burial Ground Baltimore, Maryland

a. IS RESIDENCE ON A FARM?

Day

USA

(County)

24b. REGISTRAR'S SIGNATURE

24o. REC'D BY REGISTRAR

Hours

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO [7]

> > (Stote)

(State)

YES NO P

Year

19 5

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Rurial

23. FUNERAL DIRECTOR'S SIGNATURE

A. Pumphrey-Bethesda. Md.

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within 24

certificate

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13264 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNT b. COUNTY MARYLAND Isumeir deoth. ero b. CITY OR TOWN (If aufside corporate limits, write c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RUBAL and give nearest town pluods V41 (2410) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DE NAME OF Middle Lost 4. DATE Month Year Day DECEASED filled (Type or print) DEATH na nei 19 5. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Months Days Hours Mirs. WIDOWED K DIVORCED | yrs 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during, most of working life, even if retired) Own home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ves CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Canditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY burial-tr PERFORMED? YES [ NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) ö 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg. etc.) Hour ф. m. While Not while at work at wark bec d 21. I certify that I attended the deceased from. 6 195 (that I last saw the deceased ., and that death accurred at 23 \_\_\_M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state). ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY PRINCE GEORGE COUNTY. BURTAL (Specify) 12/9 FT. LINCOLN CEMETERY 0 28 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME(5) 5M 9/55

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23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D'BY REGISTRAR 46. REGISTRAR'S SIGNATURE

, IS RESIDENCE ON A FARM?

YES TO NO E

Year

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IF UNDER 24 HRS.

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Hours

INTERVAL BETWEEN ONSET AND DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13319 FOR STAT Reg. Dist. No. of I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) director. A director. A Health, e. COUNTY o STATE Marvland b. COUNTY Montg. Montgomery MARYLAND b. CITY OR TOWN (II outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e 15 preibely retained for ON A FARM? 00 5301 YES NO DO 5301 Wilson Lane Wilson Lane 3. NAME OF Middle DATE Month Year DECEASED Katherine Louise DEATH Dec. (Type or print) Craig 9. AGE | # years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF 8 RTH IF UNDER TYEAR 40 yrs female white WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)

10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)

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10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ond USA form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Horace H. Smith Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unknown] (If yes, give wer or dotes of service) Donald A. Craig Same as Item 2 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: sudden Coronary Occlusion IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES [T] NOX 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of item 18] 20a. EXTERNAL CAUSE WAS PRIMARY O or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED | 26e PLACE OF INJURY [Home, form, 20f. (City or lown) (County) (Slote) factory, street, affice bldg., etc.) Hour at wark at wark 21. I certify that I taok charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [X]. opinian death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ō ASSISTANT MEDICAL EXAMINER Frank J. Broschart DEPUTY MEDICAL EXAMINER ( NAME (Type) FUN. 220. BURIAL CREMATION, 1226 DATE 22d LOCATION (City, lawn, or county) (State) 12/6/57 Cedar Hill Suitland, Maruland 2 23 FUNERAL DIRECTOR'S SIGNATURE 24c REC'D BY REGISTRAR **VS. A15ME** Robert A. Pumphrey-Bethesda, Md.

DEPUT

SA DU

TEL MINE

R.A. Pumphrey, 7557 Wisconsin Ave., Bethesda, Md.

VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. IS RESIDENCE

ON A FARM?

YES 📋 NO 🍱

19

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NOTE

(State)

DATE SIGNED

(Stote)

Days

(County)

DATE 12-2-57

Months

57

Reg. Dist. No. 215

BUREAU V. S.

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BECEINED

NAME (Type)

220 BURIAL CREMATION, 22b. DATE THEREOF

1. PLACE OF DEATH

o. COUNTY

NAME OF

5 SEX

(Type or print)

13. FATHER'S NAME

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County)

(Stole)

of work of work 21. I certify that latended the deceased from ., 19,5 ,that I last saw the deceased , and that death occurred at 1:40 CM, from the causes and an the date stated above. ADDRESS (Street, city or lown, stote) DATE SIGNED

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20d INJURY OCCURRED

Not while

While

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, fown, or county)

TRANS BURIAL 12/29 MEMORIAL GARDENS CEMETERY FAIRMONT. WEST VIRGINIA

Solver Spring, od REC'D BY REGISTRAR - 1246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE

0 VS A15 (4) 1SM 9755

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3	Cause of death-MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	10001
4 25	Anoxia 13321 CERTIFICATE OF DEATH Reg. Dis	13291 1. No. 13291
desth: Page ineral director d be filed wit	1. PLACE OF DEATH O. COUNTY  MONTGOMER 4. CENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write   C. LENGTH OF STAY IN 1b  RURAL and give nearest fown)  Bethesda  2. USUAL RESIDENCE (Where deceased lived. If institution residence of STATE  b. COUNTY  Montgomer 4  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Bethesda  37 minutes	Tgomer4
n by the fund	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Suburban Hospital 5908 Beech Ave.	e. IS RESIDENCE ON A FARM? YES NO
within 24 h	OF DEATH  5. SEX  6. COLOR OF RACE 7. MARNIED NEVER MARRIED N. B. DATE OF BIRTH  9. AGE (In years If UNDER)	Day Year  19 57  1 YEAR IF UNDER 24 HRS.  Days Hours Min.
e be executed on and comple corbon popers.		Merica
certificate by physician remove con 72 yours of 1	LESILE A. Daly JR. Babette Sonya Tro  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  (Yes, no or unknown) (If yes, give wer or doles of service)  Lesile A. Daly Roth  Roth	STad 8 Beech Av
requires that the death certificate is signed by the attending physicio is permit. Then please remove and in any event within 72 hours of	18. CAUSE OF DEATH [Enter anly one couse per line for (g), (b), and (c) ]  PART 1, DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO  DUE TO	INTERVAL BETWEEN ONSET AND DEATH 3 MINUTES
requires the	Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost.  (b) (next have true have have have have have have have hav	unhors
The law g physici has bee urial-trar moval, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
KCIAN: pitendin rificote us the br	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18 )  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lawn)	(State)
G PHYS vital or r this ce for use cremotic	Hour a.m.  p. m.  19 While Not while at work at work at work at work	
ATTENDIN. by the host CTOR: Afte detoched i to burial,	alive an 2 2 A.M., fram the causes and an the Appress (Street, city or town, stote)	ast saw the deceased the date stated above.  DATE SIGNED
HOSPITAL OR HOSPITAL OR TOTAL OF REPORTED BY THE PROPERTY OF T	PHYSICIAN'S Michael L Buckley Bethesda 14 Md	28 Pic
HOS Poge The r	BENGYA (PECIFY) 12/30/57 Parklawn 22d. LOCATION (City, town or county) Parklawn Rockville, Md.	(State)
9 E Q & E VS A1S (4) 15M 9753	23. FUNERAL DIRECTOR'S SIGNATURE  Robert A. Pumphrey-Bethesda, Md.  240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATE/12-38-57 Benio M	NATURE 10 - Cook
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

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	-	LACE OF DEATH	and the second s	2. USUAL RESIDENCE (Where deceased lived. If institut	Reg. Dist. No.
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ö		Silver Spring	2 hrs.	Silver Spring	
	(	NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	S RE-IDE     ON A FA
Ď.		Northwood High Scho	ol	205 Timberwood Ave.	YES N
	-	First PECEASED	Middle	tost 4. DATE Month	Doy Year
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201		male   White   wildow		6/23/1942   15 $%$	
7 2gu	C	USUAL OCCUPATION (Give kind of work done 10 pring most of working life, even if refired)	NO KIND OL BOZINEZZ OK IMDOZI		12 CITIZEN OF WHAT COU
	13	Student FATHER'S NAME		14 MOTHER'S MAIDEN NAME	USA
8 1	10.				
a de la companya de l	15.	James Davis WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO 17. IN	Nadine Moon	
i i	[Yes	na, ar unknown) [If yee, give war as datas at service]		Access to the second se	- 0
Ē.S	-	18. CAUSE OF DEATH [Enter only one couse per		Tas. Davis, Same as Ite	INTERVAL BETWEEN
pub		PART I DEATH WAS CAUSED BY	17.7	3 A- (1 )4 1 - 1	ONSET AND DEATH
of the second		126.6 DUE TO	ardlac arrest	due to Cardian contusion	sudden
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0 5,		tal state of the substitute in	ccidental .		
o jū	3	PART II, OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTO
e e e	3	Collapsed whil	e playing bask	cet ball	YES TO NO
5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	FITE	200. EXTERNAL CAUSE WAS 206 DESC	CRIBE HOW INJURY OCCURRED (E)	nter noture of injury in Part I or Part II of item 18.)	
_ 0	100	CAUSE OF DEATH.			
our.	3			E OF INJURY (Home, form, 120f, (City or town) bry, street, office bldg., etc.)	(County) (SI
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ge 3 should for 10 buri	MEDIO		t work   of work   Him	School	Mont
prior to buri	MEDIC	pr m. v	t work   of work   Him		
Gent, prior to buri	MEDIC	pr m. v	t work of work Him) ne remains described above	ve, held an Autapsy 🔀, Inspection 🗍,	
d agent, prior to beri	MEDIC	21. I certify that I took charge of the opinion death resulted from: Nature	twork of work Himber remains described above al causes , Accident [	ve, held an Autapsy , Inspection , , Suicide , Homicide , Undeter	Inquiry, and in mined manner
used agent, prior to beri	MEDIC	21. I certify that I taak charge of th	t work of work Him) ne remains described above	ve, held an Autapsy , Inspection .  Y, Suicide , Homicide , Undetern  M D. CHIEF MEDICAL EXAMINER .	Inquiry, and in mined manner
L Dikectors rage 3 shours signated agent, prior to beri	MEDIC	21. I certify that I taak charge of the opinion death resulted from: Nature ACTUAL SIGNATURE Jack 9.	work of work High ne remains described above al causes . Accident .  Surve hout	N School  ve, held an Autapsy , Inspection ,  K, Suicide , Homicide , Undeterl  M D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER	Inquiry [], and in mined manner []
s designated agent, prior to beri	MED	21. I certify that I took charge of the opinion death resulted from: Nature ACTUAL SIGNATURE JAMES FRANK J. Br. RAME (Type)	oschart	A School  ve, held an Autapsy , Inspection ,  Suicide , Homicide , Undeterl  M D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER	Inquiry [], and in mined manner []  DATE SIGNE
or its designated agent, prior to beri	720 720	21. I certify that I taak charge of the opinion death resulted from: Nature ACTUAL SIGNATURE Jack 9.	work of work High ne remains described above al causes . Accident .  Surve hout	A SCHOOL  ve, held an Autapsy , Inspection ,  Suicide , Homicide , Undeterl  M D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   CREMATORY 22d LOCATION (City, fown, or	Inquiry , and in mined manner DATE SIGNS  2/20/57  county) (State)

THE DEFILITY MEMCAL EXEMINEE This certificate should be seemed within 24 hours after alreath. If any delay is necessary please execute the cartificate, writing the word "peasing" in pencif in files. Since I say the form of the formal director. Page 4 should be under the follower of the follower of the Chief Medical Examiner's Office along with form PM3. Page 5 may be relaiged for your files.

TO FUN. I DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the sound of Health, or its abunded agent, prior to burial, cremotian, at removal, and in any event within 72 hours after own.

VS. ATSME 5M 2/57

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V\$ A15 (4) 15M 9/S5

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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 1 7 1	_	0 4					

0	13 Dist. No	29	ŋ,
Reg.	Dist. No	-2	16

	100/				Keg. Dist. No. X / Z
	1. PLACE OF DEATH Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE WISCOT	ere deceased lived. If institution Sin b. COUNTY	Rock
	<ul> <li>b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)</li> </ul>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside carporate limits, write Rt	IRAL and give nearest town)
1	Chevy Chase	6 months	Edgert	ton S'	
	d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	3704 Leland St.		718 Washing	gton St.	YES NO K
	3. NAME OF DECEASED (Type or print) LUCY E	SGAR I	ICKINSON	4. DATE Mont OF DEATH DEATH	h Day Year 1957
	5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lest birthday)	IF UNDER 1 YEAR IF UNDER 24 MRS
	Tenale White WIDOWE		July 15,186'	70 yrs	Months Days Hours Min
4	10o. USUAL OCCUPATION (Give kind af work dane 10b. during mast af working life, even if retired)	KIND OF BUSINESS OR INDUS		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	Housewife		Penna.		U.S.
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NA		
	Charles W. Esgar		Ellen	Abbott	
	15. WAS DECEASEDEVER IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO 17 H	FORMANT Daugh		14
		one Mr	s.Wm.H.Bonn	eville I	tem #1
	18 CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c) }	0 0 1	1	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY:	oconary	acclusi	on	ONSET AND DEATH
	DUE TO		j.	11. Al.	1.
	Canditions, if any, which ) (b)	isnaly au	morellial	ie Theat A	weep 15 years
	gave rise to immediate couse (a), stating the under-				
	lying cause last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	<b>Y</b>				YES NO
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in P	ort I or Port If of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. IN Haur a. m. 19 of work		CE OF INJURY (Home, form, lary, street, office bldg., etc.)	20f (Cily ar lown)	(County) (State)
	p. m. 19 at wark	Not while Too			
	21. I certify that I attended the decease	ed fram Fibrua	4 1946 to 2	ancorbe 1957	,that I last saw the deceased
	alive on at 30 19;	A 500			nd an the date stated above.
	1211			ADDRESS (Street, city or town, a	
	SIGNATURE 4 Lawn del	mara 19	40. 1714-	- N- N+	, 7 W
/	PHYSICIANY T. J. A 141A Thomas	1/2	111		ce
	NAME (TYPE) 21-AWN MOM	DSON, / 2R.	w	cerry	<b>7.</b> 7,
	220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, o	r county) (State)
1	Burral Special sit 12-3-57	Albion Prai	rie Cem.	Dane County	, Wisconsin
	23 FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY	Bethesda, Md	4-1		TRAR'S SIGNATURE
	teophic As Torumen 1	roonesda, Mu	DATE /X	2-8-57 Ben	ic SP. Hornpron

A Carried R. S.

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Maria

# ) PLACE OF DEATH

INTERESTITY MEDICAL EXEMINER: This sertificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUX. 1. DIRECTOR: Page 3 should be used as a buriof-transit permit. File pages 1 and 2 with the regis, into 10 buriof-cression.

VS. A15ME(5) 5M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13297 Reg. Dist. No. 216 13326MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

B. CHYOR TOWN IT owing separate turn, write RURAL   C. LENGTH OF STAN IN 16   B. ATE.		Montg mery	MARYLAND	o. STATE M ry 1.	ı đ	b. COUNT	Mnt.	nerv	
Bothead:    MANGER FORSTAL OR INSTITUTION (if not in hospital, give street address)   A. STREET ADDRESS   A. STREET ADDRESS	ь.	CITY OR TOWN (If outside corporate firms, write RURAL							
Suburben   Hospit   First			3 hrs.	Bethesda.	×2				
Sharper Hospit 1    Made of Secretary   First	ď.	NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ito), give street oddress)	d. STREET ADDRESS				e IS	RESIDENCE
Decision				4602 Chale	ve.				
S. SEX	-D	CEASED	Middle	Last	OF	Monti	h (	Day	Year
Mole White WIDOWED DIVORCED July 11, 1936 To Death Months Days Hour Min.  100. USALA OCCUPATION (Give hind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Siete or fourign country)  11. WIT TOPT.  12. CITIZEN OF WHAT COUNTRY?  RESE THE LOD. C. TOTT COPT.  13. MAN DECEMBER WILLIAM SECOND TO THE TEST OF	_	10.11 11.11	0 2 0 0		DEATH	Dec.	1.		1957
Mode	5. SE	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 1 8.	DATE OF BIRTH		9. AGE (In years lost birthday)			_
13. FATHER'S NAME  20	~ .	11242 00		July 11, 1	936	21 yrs.	Months Day	ys Hours	Min.
13. FATHER'S NAME  20	10a.	USUAL OCCUPATION (Give kind of work done 10b. Killing most of working life, even if retired)	NO OF BUSINESS OR INDUSTI	11. BIRTHPLACE (Stote	or foreign c	ountry)	12 CITIZE	OF WHAT	COUNTRYP
Senjamin Clarence Dooley   Margaret Louise Carter							me	rica	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address 1/311 U. 1. t. Ve  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY  Conditions, if any, which gove rise to immediate couse [0], stoling the underlying cause lost.  FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.]  19. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part III of item 15.)  Self in Tleacted  20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part III of item 15.)  Self in Tleacted  20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part III of item 15.)  Self in Tleacted  20. TIME OF INJURY Month, Day, Veor 20d. INJURY OCCURRED. (Enter nature of injury in Part III of item 15.)  Notice of Parth.  12. 1.5 7000.  21. Learlify that I look charge of the remains described above, held an Autapsy Inspection, Inquiry, Inquiry, and find that death resulted fram: Natural causes, Accident, Suicide, Accident, Suicide, Amme of CEMETERY OR CREMETERY OR CREM	13. (	ATHER'S NAME		14. MOTHER'S MAIDEN N	IAME				
Text   Course of Death   Enter only one cause per line for (a), (b), and (c).	7.	enjamin Clarence Dooley		Margaret :	Louise	Carter			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  (MMEDIATE CAUSE (c)  PART I. DEATH WAS CAUSED BY.  (MMEDIATE CAUSE (c)  PART II. DEATH WAS CAUSED BY.  (CO-probably   Death was caused by    (Co-probably   Co-probably   Co-probably    (Co-probably   C		VAS DECEASED EVER IN U. S. ARMED FORCES? 16.5	OCIAL SECURITY NO. 17. IN	FORMANT		Address	10311	wait	. ve
18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   MAMEDIATE CAUSE (a)   Cerebral Hemorrhage & Laceration     PART I. DEATH WAS CAUSED BY:   MAMEDIATE CAUSE (b)   Cerebral Hemorrhage & Laceration     PART I. DEATH WAS CAUSED BY:   MAMEDIATE CAUSE (c)   Cerebral Hemorrhage & Laceration     PART II. DEATH CAUSE (d)   Cerebral Hemorrhage & Laceration     PART II. DEATH CAUSE (d)   Cerebral Hemorrhage & Laceration     PART II. DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.]   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.]   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.]   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.]   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.]   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.]   PART II. DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.]   PART II. DEATH SIGNIFICANT CONDITIONS CONTRIBUTION SCONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.]   PART II. DEATH SIGNIFICANT CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.]   PART II. DEATH SIGNIFICANT CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.]   PART II. DEATH SIGNIFICANT CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.]   PART II. DEATH SIGNIFICANT CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.]   PART II. DEATH SIGNIFICANT CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.]   PART II. DEATH SIGNIFICANT CONTRIBUTION OF THE TERMINAL D			KHARKKH Mr.	s. Mara ret	Louise		-		
PART I. DEATH WAS CAUSE OF IMMEDIATE CAUSE (o)  976 X  DUE TO  Conditions, if ony, which gove rise to immediate could (o), stoting the underlying course lost.  FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  SOLIT INFLORED CONTRIBUTING CAUSE OF DEATH.  SOLIT INFLORMANCY OF CONTRIBUTING CONTRIBUTING COURSED (Enter noture of injury in Port I or Port II of item 18.)  SOLIT INFLORMANCY OF CONTRIBUTING CAUSE OF DEATH.  SOLIT INFLORMANCY OF CONTRIBUTING CONTRIBUTING COURSED (Enter noture of injury in Port I or Port II of item 18.)  SOLIT INFLORMANCY OF CONTRIBUTING CAUSE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) (Cause of Death).  20c. TIME OF INJURY Month, Day, Year of vow work of work of the control of work of the control of th		8. CAUSE OF DEATH [Enter only one cause per line for				Dooley		INTERVAL BETY	VEEN
Occiditions, if ony, which gover rise to immediate couse (o), stoling the underlying couse flost.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19 WAS AUTOPSY PERFORMED?  PRIMARY OF CONTRIBUTING 120b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  Solf inflected  CAUSE OF DEATH.  Solf inflected  20d. INJURY OCCURRED (20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) while of work of w		PART I. DEATH WAS CAUSED BY:	rebral Hemorrha	age & Lacera	tion			UNSET AND D	HTA
Conditions, if ony, which gover rise to immediate course (o), stoling the underlying course tost.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IS WAS AUTOPSY PERFORMED? YES DOOD.  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IS WAS AUTOPSY PERFORMED? YES NOTED IN PART I(o) IS WAS AUTOPSY PERFORMED? YES NOTED IN PART I(o) IS WAS AUTOPSY PERFORMED? YES NOTED IN PART I(o) IS WAS AUTOPSY PERFORMED? YES NOTED IN PART I(o) IS WAS AUTOPSY PERFORMED? YES NOTED IN PART I(o) IS WAS AUTOPSY PERFORMED? YES NOTED IN PART I(o) IS WAS AUTOPSY PERFORMED? YES NOTED IN PART I(o) IS WAS AUTOPSY PERFORMED? YES NOTED IN PART I(o) IS WAS AUTOPSY YES NOTED IN PART I(o) IS WAS AUTOPSY PERFORMED? YES NOTED IN PART I(o) IS WAS AUTOPSY YES DOOD IN PART II IN PART I(o) IS WAS AUTOPSY YES DOOD IN PART II IO IN PART I(o) IS WAS AUTOPSY YES DOOD IN PART II IO IN PAR								4 hrs	
Over its to immediate couse form.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED?  PERFORM			llet wound in	rt. Skull			4 111 0		
FART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NOT  200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)  FINANCY OF DEATH.  SOL TIME OF INJURY Month, Day, Year 12/1/579 200. INJURY OCCURRED 200 PLACE OF INJURY (Home, form, 20%. (City or town) (County) (Stote) foctory, street, office bidg., etc.)  12/5 year. 12/1/579 201. INJURY OCCURRED 200 PLACE OF INJURY (Home, form, 20%. (City or town) (County) (Stote) of work 21. I certify that I took charge of the remains described above, held an Autapsy 1, Inspection 1/2, Inquiry 1/2, and find that death resulted fram: Natural causes 1, Accident 1, Suicide 1/2, Hamicide 1, Undetermined cause 1.  ACTUAL 31. Broschart 1, Signature 1, Assistant Medical Examiner 1, Assistant Medical Examiner 1, Assistant Medical Examiner 1, DATE SIGNED 1, ACREMATION, 1/2 D. DATE THEREOF 1/2. NAME (Type) Front: J. Broschart 1/2/1/57  200. BURIAL, CREMATION, 1/2 D. DATE THEREOF 1/2. NAME OF CEMETERY OR CREMATORY 1/2 DIOCATION, (City, Iown, or county) (Stote) ROCKVILLE, Maryland 1/2 J/3/57 Parklawn 2/2 ADDRESS 1/2 ABDRESS 1/2 ABDRES		yove rise to immediate couse							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NOTE:  20a. EXTERNAL CAUSE WAS CONTRIBUTING CAUSE OF CAUSE OF PEACH OF INJURY (Home, form, 10) 10 foctory, street, office bldg., etc.)  20b. DESCRIBE HOW INJURY OCCURRED 100 PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 100 PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote)  While of work of wo		o), storing the onderlying							
20c. EXTERNAL CAUSE WAS PRIMARY—OF CONTRIBUTING   20c. TIME OF INJURY Month, Day, Year  20c. TIME OF INJURY MONTH, Day, On The Injury Month, Day, On The Injury Month, Day, On The Injur	Z		NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NALDISEAS	CONDITION GIV	EN IN PART 1(	01 19 WAS	AUTOPSY
20c. EXTERNAL CAUSE WAS PRIMARY—OF CONTRIBUTING   20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Port I or Fort II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. TIME OF INJURY 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. INJ	ATIC								
Self inflected  20c. TIME OF INJURY Month, Day, Year Hour a. m. 12/1/579   20d. INJURY OCCURRED of While of work of wo		Og. EXTERNAL CAUSE WAS 20b. DESCRIBE	HOW INJURY OCCURRED. (Er	nter nature of injury in Part	t   ar Port II	of item 18.)		1,423	INO JULI
20c. TIME OF INJURY Month, Day, Year  20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town)  12:/5 year.  21. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and find that death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  EXAMINER'S NAME (Type)  Parklawn  22c. NAME OF THURY (Home, form, 20f. (City or town)  Street	CERI	TALICE OF DEATH		1					
27. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find that death resulted fram: Natural causes Accident, Suicide, Hamicide, Undetermined cause  ACTUAL		Gc. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e PLAC	F OF INJURY /Home, form	205 (CII)	ne town)	(County	1	(Stote)
27. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find that death resulted fram: Natural causes Accident, Suicide, Hamicide, Undetermined cause  ACTUAL	DIG.	Hour o.m. While	Not while focto	ry, street, office bldg., etc	)				
death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .  ACTUAL SIGNATURE	100							-	
ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  12/1/57  12/1/57  12/1/57  12/1/57  12/1/57  12/1/57  Parklawn  ROCKVILLE, Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  12/40. REC'D BY REGISTRAR  24b. REG STRAR'S SIGNATURE	, ,			•	-			$\mathbf{x}$ , and	find that
SIGNATURE    SIGNATURE   M.D. CHIEF MEDICAL EXAMINER		feath resulted fram: Natural causes	, Accident [_], Suic	ide 🔀, Hamicide	: [], Ui	ndetermined o	couse		
SIGNATURE    SIGNATURE   M.D. CHIEF MEDICAL EXAMINER		A B						DATE	S:GNED
EXAMINER'S   NAME (Type)   Frank: J. Broschart   DEPUTY MEDICAL EXAMINER   12/1/57									
NAME (Type) French: J. Broschart DEFUTY MEDICAL EXAMINER 12/1/37  200 BURIA., CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY ROCKVILLE, Maryland  21 Parklawn Rockville, Maryland  22 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b. REG STRAR'S SIGNATURE	EXAMINER'S								
REMOVAL (Specify)  Burial 12/3/57 Parklawn Rockville, Maryland  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REG STRAR'S SIGNATURE		NAME (Type) Frank J. Broschaz	rt	DEPUTY MEDICAL	EXAMINER 5	]	12/1/5	)'/	
Burial 12/3/57 Parklawn ROCKVIILE, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REG STRAR'S SIGNATURE	220	BURIA., CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY					le)
and the passing of th		Burial 12/3/57			Roc	kville,	Mary.	Land	
Robert A. Pumphrey-Bethesda, Maryland DATE/2-5-7/12 saic 17, 1+om pson	23. F	INERAL DIRECTOR'S SIGNATURE	ADDRESS					Property and the Property of t	
	R	obert A. Pumphrey-Bet	hesda Marvl	and DATE/2	-2-5	-7 13 a	air ) . 7.	100	njason

S'A CYCLE

- MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH any delay is necessary, please exe-funeral director. Page 4 shauld be cremotian Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) 6. COUNTY Montgome ry **b. COUNTY** MARYLAND Marvland Montgomerv borial. b. CITY OR TOWN (If outside corporate firms, write EURA) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negres! lown Dickerson Bethesda 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS. e. IS RESIDENCE Ö ON A FARM? Suburban Hos pital YES IN NO None ir deoth. If any delained a state of the funeral distributed far your fill a 2 with the regist. 3. NAME OF Middle 4. DATE Lost Month Day Year DECEASED (Type or print) John Harvey DEATH Dov e 25 Dec . 1957 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. last birthday Manths Min. Male White WIDOWED | Sept. DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo during most of working life, even if retired) Pe Ratired Criders. Virginia Laborer America within 24 hours aft Give Pages 1, 2, M3. Page 5 moy E 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Ruben Dove Amelia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address should be executed within 2 in pencil in Item 18. Give P. e along with farm PM3. Pao a burial-transit No Frederick. None Arnold 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c), ? INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Broncho-pneumonia (bilntoral IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse Y MEDICAL EXAMINER: This certificate should certificate, writing the ward "pending" in pencion to the Chief Medical Examiner's Office along pIRECTOR: Page 3 shauld be used as a buria DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? racoure o le J nip YES [ NO [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Port I or Port II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. own stairs at no e MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Slate) factory, street, office bldg., etc.) While Not while /1957 of work of work ickerson 21. I certify that I took charge of the remains described above, held an Autopsy [7] Inspection . Inquiry death resulted from: Natural causes IV. Accident . Suicide . Homicide . Undetermined cause ACTUAL **DATE SIGNED** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER Br os chart NAME (Type) rank 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 Dec.28 L957 Beallsville Buria Beallaville **ADDRESS** 23. FUNERAL DIRECTOR'S-SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Laytonsville. VS. A15ME/5 Md 5M 9/55

 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MAISSELAFE

15,7	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	13300.
137	13329 CERTIFICATE OF DEATH	Dist. No.
filed with	1. PLACE OF DEATH  o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution) Residence of County  b. COUNTY	4
be filed w	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL on RURAL ond give nearest fown)	d give nearest town)
2 shauld	d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  OR INSTITUTION  OF THE SOLOW	e. IS RESIDENCE ON A FARM?
	3 NAME OF DECEASED 6 A First Middle Lost 4. DATE Month	Day Yeor
) Bo	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 178. DATE OF BIRTH 9. AGE 4In years IF UND	2.5 19.57 ER I YEAR IF UNDER 24 HRS.
popers.	WIDOWED DIVORCED Unknown 72 yr.	Days Hours Min.
death death	during most of working life, even if retired) ReTid govT Employee Washing Ton Dr	America
s offer	13 FATHER'S NAME HENFUL T. ESTAN ATT. he	Sana
72 hour	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT  Address of S  If yes, give wor or dollar of service)  ADD 2. HENFY E. WEYON FORES.	The old GeorgeTon,
please within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
Then	154 X DUE TO 6 4 0 00	10 Hous
n any	Conditions, if any, which gave rise to immediate DUE TO	20 Hous
puo	lying couse lost. (c) (buchiome) & Schin	Swelffut E
noval,	Z Z	PERFORMED? YES NO
the bu	20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
enation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while of work of work of work 19	(County) (State)
uriof, c	21. I certify that I attended the deceased from Dec 11, 1957, to 120, 25, 1957, that alive on PEC 24, 1957, and that death occurred at 7 45A,M, from the causes and on	l last saw the deceased
or to b	ACTUAL SIGNATURE SIGNATURE M.D. ADDRESS (Street, city or town, stote)	DATE SIGNED
pur j	PHYSICIAN'S NAME (Type)	E.C. ting fifure f
he rogn	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country principle)	) (Slote)
1.⊈ 4)	27 FUNDAM DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REC'D BY REGISTRAR'S	SIGNATURE
	A SIM CHANGE STREET STREET 1. (1991 Beans	Nompreny

# BUREAU V. S



/		MARYLAND STA			more, 10	13301.
		13330	CERTIFICATE OF E	JEATH	Reg. Dist	. No. 216
	1	PLACE OF DEATH COUNTY	11 A STATE	DENCE (Where deceased in	ved. If institutions Residence b. COUNTY	before admission)
	<u>L</u>	MONTGOMERY	MARYLAND MARY	/LAND	MOM,	TGOLERY
,		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	GTH OF STAY IN 16 C. CITY OR	TOWN (If outside corporate	e limits, write RURAL and give	re nearest town)
	$\vdash$	Rethesda		hesda		
0		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d STREET A			o. IS RESIDE
	1	-6415 Wilson Lane		Vilson Lane		YES N
		OECEASED (Type or print) J. WA	ARD EICHER	4. DATE OF DEATH	Dec. 5,	Day Year
	1	tental I William & E. a.	NEVER MARRIED   8. DATE OF BIRT		AGE (In years IF UNDER 1	YEAR IF UNDER 2
		11,001,120	DIVORCED Jan. 7	,	40 400 )	20
	R	USUAL OCCUPATION (Give kind of work done 10b KIND O during most of working life, even if refired)  CTIPE COV!		INA .		U. S.
1	13.	FATHER'S NAME John Eicher	14. MOTHER'S	MAIDEN NAME	Weaver	
	_			•		
	15. (Ye	L RG DI unknown) I fit was must war av rister of service)	4 1	Wife M. Eicher	Address 641	
				M. DICHGI	Bethesda	, Mary
		18 CAUSE OF DEATH [Enter only one course per line for (or PART 1. DEATH WAS CAUSED BY:	(b). ofd (c)	D 1 . 1	1	INTERVAL BETW
		IMMEDIATE CAUSE (6)	ic to the same	myon Am	JWLE	13 1/1
		DUE TO P	Later of the	adll to	s o 1	
		Conditions, if ony, which (b) (b)	10 3000 BAKE 10	THE YOUR	RUSE	
		couse (a), sloting the under-		•		
	7	lying couse lost. (c)				
0	CATION	PART INOTHER SIGNIFICANT CONDITIONS CONTRIB	DTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN IN PART I	PERFORM
	5	200 ACCIDENT WAS HAIDERIVING TO JON DECORDE N	DW INJURY OCCURRED (Enter noture o	14-	-5'4 70'	YES N
	CERTIFIE	206. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT ACCIDEN	NAM HATORE OCCORNED (EUISE DOINES O	r injury in Port I or Port II	or irem 18.j	
	1 .	20c. TIME OF INJURY Month, Day, Year 20d, INJURY O	COURSED 20- PLACE OF INJURY	Home, form,   20f. (City or	h	
	MEDICAL	Hour o.m. While No	t while factory, street, office	bldg. relc.	Town; (Co	unty)
	2	p m. a work (_] a	11	7)60	(1)	
		21. I certify that I attended the deceased fram		1000	2, 19 <u>≥ ′</u> ,that I la	st saw the de
		alive and 19	, and that death accurred at		he causes and on the	
		ACTUAL - 10' A B AS IT NO	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		t, city or town, state)	DATE
			1 1 . \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		HASE DITAG	
		SIGNATURE	W17 MD. 1	04 Chevy C		
1		PHYCHOLANIC CO. ST. A. T.	X			· #
/	226	PHYSICIAN'S GEORGE AGRAY	r.30 c	hevy Chase	, Maryland	
1		PHYSICIAN'S GEORGE Gray, There of the Control of th	C.	hevy Chase	, Maryland N (City, town, or county)	(Slate)
1	В	PHYSICIAN'S GEORGE Gray, The MAME (Type) GEORGE GRAY, The REMOVAL (Specify) 12/7/57	C:  AME OF CEMETERY OR CREMATORY  CLENWOOD Cemeter	hevy Chase	, Maryland N(City, town, or county)	C.
1	B 23.	PHYSICIAN'S GOORE GRAY,  BURIAL CREMATION, 226. DATE WEREOF 22c. N REMOVAL (Specify)  12/7/57  FUNERAL DIRECTOR'S SIGNATURE  AD	C.	hevy Chase	, Maryland N(City, town, or county)	C.

S. A. ST.

# FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate shareld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 showed for execute the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relayined for your files. TO FULL AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the beautiful to full file file pages 1 and 2 with the beautiful file file pages 1 and 2 with the beautiful file file file.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13302 13331 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

21

	1. PLACE OF DEATH G. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)
	mintamery MARYLAND	o STATE Mcl b. COUNTY ments
	b. CITY OR TOWN I tought corporate timits, was BURAL C. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	ili Gran Spring & O.A.	X2 1. Pare shi
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS O IS RE" DEP E
	Grave Sit- Green Eastle Rel	Bot 67 - Mules Rd YES NO W
	3. NAME OF J GEORGEFirst FRANK Middle	Lost 4. DATE Month Day Year
į	(Type or print)	DEATH 11 2-2 1957
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 3	
	male white WIDOWED   DIVORCED	4-27-10 Heal burthday) Manths Days Hours Min
	100. USUAL OCCLPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR during most of working life, even if retired)  **Representation**	Y 11 BIRTHPLACE (State or fore gn country) 12 CITIZEN OF WHAT COUNTRY?
1	mouraire aguit	Va MSa
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
J	GEORGE WASHINGTON ELEY	unknown Courtney
. !	15. WAS DECEASED EVER IN L 5 ARMED FORCES? 16 SOCIAL SECURITY NO 17 INI	ORMANT Address
)	no yes Mrs.	Beulah Miles Eley, Miles Road, R.F.D.#2
	18 CAUSE OF DEATH [Enter only one couse per time for (o), (b), and (c) ]	Laurel, Maryland with
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Fruel dias
	973.1 DUE TO	in a Cinto
	Conditions. If any, which) (b) Carlon in once	As Avenue
	gave rise to immediate cause [48], stating the underlying DUE TO	
	cause tast. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	3 tound deal in oute with attachment we	for a first to the
	200. EXTERNAL CAUSE WAS PRIMARY DIOC CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	er nature of injury in Parkt or Parktl of tem 18 )
	CAUSE OF DEATH.	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, farm, 120f (Cily or town) (Caunty) (State)
	Heur a.m.    White Not white   factor	f, shoot, which and fit with f
	21. I certify that I took charge of the remains described above	e, held on Autopsy 🔲, Inspection 🔀, Inquiry 🔀, and in my
i	opinion death resulted fram: Natural causes, Accident	], Suicide 🔼, Homicide 🔲, Undetermined monner 🗌
	ACTUAL SIGNATURE TO A O RANGE BOOK	CHIEF MEDICAL EXAMINER [7]
	SIGNATURE TRANSPORT	M.D. CHEEF MEDICAL EXAMINER (1)  ASSISTANT MEDICAL EXAMINER (1)
	EXAMINER'S KHANK J. Broschent	DEPUTY MEDICAL EXAMINER A /2 - 57
	220. BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR C REMOVAL (Specify) 12/2//67	
	BURIAL BURIAL BURIAL	ION CEMETERY MONTGOMERY COUNTY, MD.
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	124 RECD OF REGISTRAT - 246. REGISTRAR'S SIGNATURE
	Warner to Tumphrey SILVER SPRING,	M.D. DATE Truce- Tottery

BUREAU V. P

DEC - TO .

.... \$13267 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. COUNTY MONTBOINMERY be filed **b** COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give nearest lawn) IRKOMA TARK d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS . IS RESIDENCE ON A FARM? CAK ST. IVW. YES NO E NAME OF 4. DATE Middle Year DECEASED OF DEATH (Type or print) 195 9. AGE (In years last birthday) SEX B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HR 7. MARRIED NEVER MARRIED Months WIDOWED [ DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign caunity) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DUNN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per ling for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter notify 3 starting and of 17 3 cm that has 18 th MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF TINIURY (Home, form, 20f, (City or town) 20d, INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m Not while at work at work 2, -30 1957 that I last saw the deceased 21. I certify that I attended the deceased from. \_\_\_, and that death accurred at 5 AM, from the causes and an the date stated above. CODRESS (Street, gity or fown, state) ACTUAL SIGNATURE 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) EDAR 24b. REGISTRAR'S SIGNATURE REC'D BY\_REGISTRAR land 17

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DEVEDEN

CI-I S NAL

BUTTEAU V. S.

VS A15 (4) 15M 9/55

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) a IS RESIDENCE ON A FARM? YES NO IR Day Year 195 IF UNDER I YEAR IF UNDER 24 HRS Months Doys 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO (Stote) (County) 21. I certify that I attended the deceased from AUG. 12., 19.5.7, to flex flow, 19.5.7, that I last saw the deceased ADDRESS (Street, city, or town, state). DATE SIGNED 22d LOCATION (City, town, or county) (State) ARLINGTON. VIRGINIA 246 REGISTRAR'S SIGNATURE SILVER SPRING. MD. 6. Tumphe

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. E.

130 130 TM

13268 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If Institution, Residence before admission) PLACE OF DEATH o. COUNTY Montgomery County O. STATE **b.** COUNTY Maryland MARYLAND Montgomery b. CITY OR TOWN (15 outside corporate fimils, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) 20 min. Silver Spring Takoma Park D d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? Washington Sanitarium & Hosp. 11709 Grandview Avenue YES NO ST NAME OF 4. DATE Month Year Roland Frasher (Type or print) Wavne DEATH December 1957 6. COLOR OR RACE 7. MARRIED S NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Male White Months Days Hours 8-5-1916 WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? ond Government Relmont County, Ohio United St⇒tes accountant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may es 1 Mr. Martin Luther Frasher Miss Della Campbell Page 5 r Page 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 220-12-3165 Wife, Mrs. Alice Frasher yes some as 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420.1 **DUE TO** Conditions, if any, which ) gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. Ø PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 166 19. WAS AUTOPSY PERFORMED? 0 NO K 20g. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port t or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that to the Chief J DIRECTOR: F death resulted from: Natural causes XI, Accident II, Suicide II, Homicide II, Undetermined cause III, 5 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER T SIGNATURE ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** 168chant DEPUTY MEDICAL EXAMINER [7] NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) b 0 FUNERAL DIRECTOR'S SIGNATURE SDT HOW ME REC'D BY REGISTRAR 246. RECISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

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Give

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13333 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13396/4

	4,000	Reg. Dist. No.
1	1. PLACE OF DEATH 9. COUNTY	. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
-	MARYLAND MARYLAND	o. STATE my b COUNTY monty
1	b. CITY OR TOWN (If outside corporate min, wine start   c. LENGTH OF STAY IN 16 and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give regress town)
$\vdash$	Selver Jung 27pm	Selva Jepung
	G G O G Delaton Rd	d. STREET ADDRESS  9609 Delater Rd YES NO R
3	3. NAME OF DECEASED First Middle	Last 4. DAYE Month Day Year
5	(Type or print)  5. SEX  6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   1 B DA	er DEATH Dec / 1957
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DA WIDOWED DIVORCED S	AGE (In pears   IF UNDER 14 FAR IF UNDER 24 FR'   Months   Doys   Hours   Min.
1	100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRYS
	during most of working life, even if refired)	b
1	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
ı	Man Gartier	Sant Barr
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFO	
I.	VES W.W. I 577-26-3373/30	ty Indicateur wheaton and
	15. CAUSE OF DEATH [Enter only one cause per ine for (a), (b), and (c).]	NTERVAL BLIWEN ONSET AND SEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Domary By	Column 30 mm
ı	420.1 DUE TO	
Т	Conditions, if any, which (b)	
1	(a), stoting the underlying DUE TO	
	couse lost, (c)	BUATO TO THE FEBRUARY COMPANY
1	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D  CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED [Enler	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES NO
1000	20b. DESCRIBE HOW INJURY OCCURRED (Enler PRIMARY ) or CONTRIBUTING CAUSE OF DEATH.	noture of injury in Part I or Port II of item 18 )
		OF INJURY (Home, form, 120f. (City or town) (County) (State)
1000	Hour e. m.  p. m.  While Not while of work of work	street, office bidg., etc.)
1	21. I certify that I took charge of the remains described above,	held an Autopsy . Inspection . Inquiry . and in my
1	opinion death resulted from: Natural causes 🔀, Accident 🔲,	Suicide , Homicide , Undetermined manner
	1 1 A B 1	DATE SIGNED
ı	SIGNATURE Trank J. Brochart M.	D. CHIEF MEDICAL EXAMINER ()
	EXAMINER'S SHAWR J. Brosehart	ASSISTANT MEDICAL EXAMINER \( \square\) \\ \frac{1}{2} - 1 - 5 \( \sqrta \)
2	220 ANRIAL CREMATION, 226 DAT THEREOF 220 NAME OF CEMETERY OF CRE	MATORY 22d-LOCATION (City) town or county) (Slote)
-	23. FUNERAL DIRECTOR'S SIGNATURE , ADDRESS.	n Capitas. Ma
1	Lotalberg Funeral Somo (ABAL)	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	1	DATE TO DECENO VOLLEY

EBIUTY MEDICAL EXAMINER: This carificate shauld be executed within 24 hours after death. If any deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retrined for your files.

TO FUN.

DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 3 should be used as a burial-transit permit. File pages 1 and 2 with the 3 should be used as a burial-transit permit. File pages 1 and 2 with the 3 should be used as a burial-transit permit. TO FUN VS. A15ME 5M 2/57

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VS A15 (4) 15M 9/55

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13334 CERTIFICATE OF DEATH

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1 PLACE OF DEATH					. USUAL RESIDENCE (WI	nere decense	d location	on, Residen	ca hefore o	dmusio	-1
Montgomer	у		MARYLAN	- 11	Virginia	iei w decedae	b. Aquaiy	andri.	<b>a</b>	- CONTRACTOR	13   V*
b. CITY OR TOWN (IF RURAL and give nec	outside corporate limi	is, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If a	outside corpo				town)	
Bethesda			36 days		Alexandria	2.					
d. NAME OF HOSPITA	AL (If not in haspital, g	eve street	oddress)		d STREET ADDRESS				0. 1	S RESID	ENCE
	cal Center	, Bet	thesda 14, Mo		2912 Sycar	nore S	treet			Es 🗍 i	
3. NAME OF DECEASED	fil	rst	Middle		Lost	4. DATE	Mon	ith	Doy	Yes	
(Type or print)	Le	0	Clair		Garcin	DEATH	2000000		4		57
5. SEX	6 COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years lost birthday)				
Male	White	WIDOW	ED DIVORCED	3	June 20, 192	24	33 yrı.	Months	Doys H	OUFS	Min.
100. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR II	NDUSTR	Y 11. BIRTHPLACE (Stote	or foreign o	country)	12. CIT	IZEN OF V	VHAT C	OUNTRY?
Writer	ng me, even ir remred		Publications		Michigan			U.	. S. A	A.	
13. FATHER'S NAME					14 MOTHER'S MAIDEN	NAME					
Pierre J.	Garcin				Lydia Bell	lan					
15 WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 1	7 INF	DRMANT The Med		Record Add	Fess.			
No or unknown) p	f yes, give wor or dofes of s	ervice]	370-18-4597		e Clinical (				Mary	rlan	d
18. CAUSE OF DEAT	TH   Enter only one co	use per li	ne for (o), (b), and (c).]		4 . 0				INTERV	AL BETY	VEEN
	H WAS CAUSED BY.	1/3	- + · · 0 -	Pa.	I last a	C			ONSET	AND D	EATHY
12/1X	IMMEDIATE CAUSE (c		The state of the s	A	Figure	1			- menun		
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gove rise to im	gove rise to immediate										
cause (a), stating the lying cause lost.	he under-	R	long to	7/7	leval ter Ca	11	in the	- R	1 -21	مسا	ټ
	FR SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAP	11(0)(19)	WAS AU	TOPSY
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	S UNDERLYING A  CAUSE OF DEATH MEDICAL EXAMINER)	200/000	Char How Hook occi	Jaco	cing italists of many in	1011101101	THE THE TOTAL				
	Month, Day, Ye	or 20d. II	NJURY OCCURRED 20	. PLACI	OF INJURY (Home, form	20f. (Cit	y or town)	((	County)		(Stote)
Hour o, m.	19	While at wor		ractor	y, street, office bldg., etc	4					
	عاد المطمعانين النو		ed from Octobe	r 20	) 10 57 to De	cember	r II 10 57	Ab ca f	lank a se	Also d	
alive on Dege		deceas			ccurred at 7:25						
dive on Desc	. 0	///	21, and that de	earn a					ne date		
ACTUAL	CTUAL GRATURE And L. Setman, M. A. M.D. The Clinical Center 12/5/57										
SIGNATURE	LINUS-A	124	man, m	M.I						2 -2	
PHYSICIAN'S VJ	ames L. Ge	rman,	M.D.		The Natio Bethesda			OI H	ealth		-==
220 BURIAL CREMATION	4, 226 DATE THEREC	)F	22c MAME OF CEMETER	RY OR C	REMATORY	22d. LOGA	TION (City, town,	of county)		(Stote)	
REMOVAL (Specify)	12-9-5		Chil. Hele	1	Muse	Un	Margh	1.	15		
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		240_REC/-	O BY REGIS	TRAR 7 26 REG	STRAR'S SIC	SNATURE/	1	
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BECEINED

VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13336 CERTIFICATE OF DEATH

Reg. Dist. No. 300) 4

1, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
o. COUNTY Montgomery MARYLAND	o state Md. b. COUNTY Montgome my
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ORICVION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
d NAME OF HOSPITAL (If not in hospitat, give street address)  1307 Dilston Road	1307 Dilston Road  e. IS RESIDENCE ON A FARM? YES NOT
3. NAME OF First Middle  (Type or print) GENEVA E	GILES ANTE Month Day Year OF DEATH Dec. 26, 19 57
female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED	8. DATE OF BIRTH Feb. 2, 1890  9. AGE (In years   1F UNDER 1 YEAR IF UNDER 24 HRS   Months   Days   Hours   Min   Min
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)  10c. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stoke or foreign country)  Portsmouth, OHTO  U.S.A.  14. MOTHER'S MAIDEN NAME
Ernest Everling	Louis e Shearer
(Yet, no or uninteres) a lift was more or dates of service)	Address Oakview, Md. athan B. Giles-1307 Dilston Road,
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  (b)  DUE TO  (c)	delitation onser and deserve interval between onser and death to icy so
3 Trypo they roid isin	NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO D (Enter nature of injury in Port I or Port II of Jeen 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stole) clory, street, office bldg., etc.)
21. I certify that I attended the deceased from Color alive on Color at the Latender of the Actual A	n occurred at 3:45 AM, from the causes and on the date stated above  ADDRESS (Street City) or town, slote)  DATE SIGNED  M.D. 46 - 66 - 67 - 67 - 67 - 67 - 67 - 67 -
	n Cemetery Prince Georges County, Md.
The S.H. Hines Co2901 14th St.,	



DECENTED TO

1. PLACE OF DEATH  a. COUNTY  MARYLAND  D. CITY OR TOWN If outside corporate limits, write SURAL and give negret Jown)  HONGEV 11.10 a. d.  2 yrs  AMME OF DECEASED  CITY OR TOWN If outside corporate limits, write SURAL and give negret Jown)  HONGEV 11.10 a. d.  A STATE ADDRESS  OR INSTITUTION  Tip to N ROSE HOME  3. NAME OF DECEASED  CITY OR TOWN If outside corporate limits, write RURAL and give nearest Jown)  HONGEV 11.10 a. d.  A STREET ADDRESS  OR INSTITUTION  Tip to N ROSE HOME  3. NAME OF DECEASED  CITY OR TOWN If outside corporate limits, write RURAL and give nearest Jown)  GAITHOURS ADDRESS  ON A FARM  STREET ADDRESS  ON A FARM  CITY OR TOWN IF Outside Corporate limits, write RURAL and give nearest Jown)  3. NAME OF DECEASED  CITY OR TOWN IF Outside Corporate limits, write RURAL and give nearest Jown)  3. NAME OF DECEASED  CITY OR TOWN IF Outside Corporate limits, write RURAL and give nearest Jown)  3. NAME OF DECEASED  CITY OR DIVING A STREET ADDRESS  ON A FARM  CITY OR TOWN IF Outside RURAL and give nearest Jown  NOTED JOYN  ON A FARM  1. ADATE DOWN IF OUTSIDE TYPE RIF I STREET ADDRESS  ON A FARM  CITY OR TOWN IN THE TOWN IN THE RURAL CITY OF THE RURAL CI	1. PLACE OF DEATH  1. PLACE OF DEATH  2. COUNTY  MARYLAND  1. PLACE OF DEATH  3. COUNTY  MONTE  4. COUNTY  MONTE  5. CITY OR FOWN (If outside corporate limit), write relations before adminision)  5. CITY OR FOWN (If outside corporate limit), write RUBAL and give nearest bown)  AROCKY 1. 16	1. PHACE OF DEATH 1. PHACE OF DEATH 2. COUNTY  MONTE  D. CITY OR TOWN (If outside corporate limits, write account in the public of the public			MARY	LAND SI	TATE DEPARTM	IENT OF I	IEALIT	-BAL	TIMORE, 1	13	310	
1. PLACE OF PEATH   COUNTY	I. PLACE OF PEATH  O. COUNTY  O. COUNTY  NARYLAND  O. COUNTY  NOTE  NARYLAND  O. COUNTY  NOTE  STATE  O. COUNTY  NOTE  O. STATE	PACE OF DEATH   COUNTY   MARYLAND   2 SUNA RESIDENCE (Where decroved lived. If institution. Residence before adminision   COUNTY   MONTE   MONTE   COUNTY   MONTE   MONTE   MONTE   COUNTY   MONTE			13	<b>29</b> 0 ·	CERTIFIC	ATE OF	DEATH	1			G 50. ()	
b. CITY OR TOWN IN Grand corporate limits, write  RURAL and give negretal love)  ROG RV 711 16 - 1.  A NAME OF CHOSPITAL If not in hospitol, give street oddress)  d. NAME OF CHOSPITAL If not in hospitol, give street oddress)  3. NAME OF DECEASED OF ROSPITAL If not in hospitol, give street oddress)  3. NAME OF DECEASED OF ROSPITAL If not in hospitol, give street oddress)  5. SEX  6. COLOR OR RACE  7. MARRIEO NIVE NIVE NIVE NIVE NIVE NIVE NIVE NIVE	b. CITY OR TOWN If outside corporate limits, write RUBAL and give nearest lown RUBAL and RUBAL	B. CITY OR TOWN II contide corporate limits, write and give nearest fown)  ROBLET AND ROST ALL IT on in hospital, give street address)  d NAME OF HOSPITAL II find in hospital, give street address)  d NAME OF HOSPITAL II find in hospital, give street address)  d NAME OF HOSPITAL II find in hospital, give street address)  d NAME OF HOSPITAL II find in hospital, give street address)  d NAME OF HOSPITAL II find in hospital, give street address)  d NAME OF HOSPITAL II find in hospital, give street address)  d NAME OF HOSPITAL III find in hospital, give street address)  d NAME OF HOSPITAL III find in hospital, give street address of HOSPITAL III find in hospital give street address of HOSPITAL III find in hospital give street address of HOSPITAL III find in hospital give street address of HOSPITAL III find in hospital give street address of HOSPITAL III find in hospital give street address of HOSPITAL III find in hospital give street address of HOSPITAL III find in hospital give street address of HOSPITAL III find in hospital give street address of HOSPITAL III find in hospital give street address of HOSPITAL III find in hospital give street address of HOSPITAL III find in hospital give street address of HOSPITAL III find in hospital give street address of HOSPITAL III find in hospital give street address of HOSPITAL III find in hospital give street address of HOSPITAL III find in hospital give street address of HOSPITAL III find in hospital give hospital give street address of HOSPITAL III find in hospital give hospital give street address of HOSPITAL III find in hospital give hospital give street address of HOSPITAL III find in hospital give hospital give street address of HOSPITAL III find in hospital give hospital give street address of HOSPITAL III find in hospital give hospital		a. COUNTY	Monts		MARYLAND	a. STATE						isian)
3. NAME OF OCCURATION (Give And Early 1) Alice Edith Gloyd OEATH Dec 26 1957  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH Dec 26 1955   1957  100. USUAL OCCUPATION (Give kind of work done look kind of work of work of the life of the look bettinder)   Nover the look bettinder)   Nover the look bettinder   Nover the	NAME OF   STATE   Alice   Edith   Gloyd   STATE   Doy   Month   Doy   Not   State   Copy   Sta	NAME OF   Constitution   Part   Deep   Dee		RURAL and give no	egrest_town)	its, write c.		c. CITY OR	TOWN (If or	itside corpo	rate limits, write R	URAL and give	e nearest faw	m)
Type or print)   Alice   Excith   Gloyd   DEATH   Dec   26   1957	S. SEX   G. COLOR OR RACE   7. MARRIED   NEVER MARRIED   12 DATE OF BIRTH   12 DATE OF BIRTH   15 DATE OF BI	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   12 O ACT OF BIRTH   1. ACT (In pear life lunder 1 year if europe 2 of 1957   1. SEX   1.		OR INSTITUTION	Tipton	Rest	Home	d. STREET	ADDRESS		i			
Tour Start Occupation (Give kind of work dame of the country)   Hours   Hour	Part II. Other Significant Conditions of surface only one contributing to death but not related to the terminal disease Condition given in part Itel    Part II. Other Significant Conditions Contributing to Death But not related to the terminal disease Condition given in part Itel   Part II. Other Significant Conditions Contributing to Death But not related to the terminal disease and on the date stated as a conditions.   Part II. Other Significant Conditions Contributing to Death But not related to the terminal disease and on the date stated as a conditions.   Part II. Other Significant Conditions on the date stated as a conditions.   Part II. Other Distribution on the date stated as a conditions.   Part II. Other Distribution on the date stated as a conditions.   Part II. Other Distribution on the date stated as a condition.   Part II. Other Distribution on the date stated as a condition.   Part II. Other Distribution on the date stated as a condition.   Part II. Other Distribution on the date stated as a condition.   Part II. Other Distribution on the date stated as a condition.   Part II. Other Distribution on the date stated as a condition.   Part II. Other Distribution on the date stated as a condition.   Part II. Other Distribution.   Part II.	The male   White   Widowed   Divorced   June 12-1881   The work done   Divorced   June 12-1881   The work done   Divorced   June 12-1881   The work done   Divorced			Alice		Edith		_	OF				Year 1957
HOME WORK GORMANDEN, N. d. U.S.A.  13. FATHER'S NAME  James Edward Wallch  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Tree, no. or unknown)  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  Conditions, if ony, which gave rise to immediate course for immediate costs (o), stating the under home of the under	during mail of working life, even if refired Home Work  13. FATHER'S NAME  James Edward Wallich  15. WAS DECEASED EVER IN U. S. ARMED FORCES? Tive, no, or enhanced of press was not of other of the carried of the carr	HOME WORK  HOME WITH  JAMES Edward Wallach  JAMES Edward Wallach  It. MOTHER'S MAIDEN NAME  JAMES Edward Wallach  It. MOTHER'S MAIDEN NAME  Annie Bennett  Address  Carlton A, Cloyd. Jaithersburg.  Interval between one of the development of the properties of course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSE BY:  DUE TO  Conditions, if any, which gave rise to immediate gover rise to immediate pure to gover rise to immediate gover rise to gover rise to immediate gover rise to gover rise to gover rise to gover rise for form per rise form gover rise for form per r		Female	White	WIDOWED	DIVORCED [	June ]	2-188		76 ym.	Manths De		_
James Edward Wallich  Annie Bennett  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  17. INFORMANT  Carlton A, Cloyd. Gaithersburg.  Carlton A, Cloyd. Gaithersburg.  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  DUE TO  Conditions, if ony, which gave rise to immediate course (o), stoling the under-lying course last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPOPER OR CONTRIBUTING CAUSE (o) accident WAS UNDERLYING CAUSE (o) and course last.  200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPOPER CONTRIBUTING CAUSE of DEATH III ETHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Medical EXAMINER (c) While of work of	James Edward Wallich  15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Carlton A, Gloyd Jaithersburg	James Edward Wallich  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Carlton A, Cloyd. Jathersburgd.  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSE BY DUE TO  Continue, if on, which gave rise to immediate course (o)  Undertained to the costs (o), stoling the under lying course last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (o) 19. WAS AUTOPE PERFORMED. YES NO.  200. ACCIDENT WAS UNDERLYING 1 200. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item IB)  Contribution of Industry Medical Examines (o) while not work in white of work in work in work.  21. I certify that I attended the deceased from 19. In the causes and on the date stated about a course of the course of	100	HOUSE W	ON (Give kind of work king life, even if retired 110	dane 10b. KIN HO		Geo	manto	own,				F COUNT
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSE OF DEATH  [Indicated of service]  IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSE OF DEATH  [Indicated of service]  DUE TO  Canditions, if ony, which gave rise to immediate (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPY PERFORMED?  YES OR CONTRIBUTING CAUSE OF DEATH  III. OTHER OF INJURY Manifol CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  III. ETITIER, NOTIFY MEDICAL EXAMINER)  20. TIME OF INJURY Manifol Day, Year 20d. INJURY OCCURRED While of work of at work of two real of the course of the cours	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Carlton A, Gloyd a Jaithersburg of dean disorded  (If you, give out of dean disorded)  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Carditions, if only, which  gave rise to immediate costse (o), stoling the under- lying cause lost.  (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOP  PERFORMED  YES NO  20a. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT OF A CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOP  PERFORMED  YES NO  20a. ACCIDENT WAS UNDERLYING ACCIDENT MAINER  20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)  CCURRED  While Not white all wark accident wark accident wark accident wark  19 white all wark accident wark  19 white accident wark  19 white accident wark  19 and that death occurred at ADDRESS (Street, city or town, state)  PRYSICIAN'S  NAME (Type)  10 ACCIDENT WAS UNDERLYING ACCIDENT AC	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  The No. or unknown of the property of the property of detent of services 10. 18. CAUSE OF DEATH [Enfer only one course per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enfer only one course per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY.  INTERVAL BETWEEN CONST AND DEATH ON THE PART I, DEATH WAS CAUSED BY.  INTERVAL BETWEEN CONST AND DEATH ON THE PART I, DEATH WAS CAUSED BY.  INTERVAL BETWEEN CONST AND DEATH ON THE PART I, DEATH OF THE PART I, DEATH WAS CAUSED BY.  INTERVAL BETWEEN CONST AND DEATH ON THE PART I, DEATH OF THE PART II OF	13.		es Edward	Wall	ich				ett			
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  DUE TO  Canditions, if any, which gave rise to immediate casts (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CAUSES OF DEATH II of item 1B)  OR CONTRIBUTING CAUSE OF DEATH II of item 1B)  OR CONTRIBUTIONS CONDITIONS CONTRIBUTIONS COURSED WITH MAD ADDRESS (Street, city of town)  PROTECTION CONTRIBUTIONS CONTRIBUTIONS COURSED WITH MAD ADDRESS (Street, city of town, storte)  ACTUAL  ACTUAL  ACTUAL  DIA TOTAL CAUSE OF DEATH II of item 1B OF INTERVAL DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION COURSED INTERVAL DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION COURSED INTERVAL DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION COURSED INTERVAL DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION COURSED INTERVAL DEATH BUT NOT RELATED TO THE TERMINAL DISEA	INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gave rise to immediate costs (a), storing the under-lying cause lost.  (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CON	B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)							A. G		Add		gć	1.
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item IB)  20c. TIME OF INJURY Manth)  20c. TIME OF INJURY MANTH MAN	20c. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.)  20c. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.)  20c. TIME OF INJURY Manth. Day, Year   20d. INJURY OCCURRED.   20e. PLACE OF INJURY (Home, form, law, of indicatory, street, office bldg., etc.)  20c. TIME OF INJURY Manth. Day, Year   20d. INJURY OCCURRED.   20e. PLACE OF INJURY (Home, form, law, of indicatory, street, office bldg., etc.)  20c. TIME OF INJURY Manth. Day, Year   20d. INJURY OCCURRED.   20e. PLACE OF INJURY (Home, form, law, of indicatory)   20f. (City or town)   (Caunty)   (Steward of injury)   (Steward of injury)   (Steward of injury)   20f. (City or town)   (Caunty)   (Steward of injury)	20c. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)  20c. TIME OF INJURY Month) Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, form, law)   20f. (City or town)   (Caunity)   (Ste that I of item 18)  20c. TIME OF INJURY Month) Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, form, law)   20f. (City or town)   (Caunity)   (Ste that I of item 18)  21. I certify that I attended the deceased from   20f. (City or town)   (Caunity)   (Ste that I of item 18)  21. I certify that I attended the deceased from   20e. PLACE OF INJURY (Home, form, law)   20f. (City or town)   (Caunity)   (Ste that I of item 18)  21. I certify that I attended the deceased from   20e. PLACE OF INJURY (Home, form, law)   20f. (City or town)   (Caunity)   (Ste that I of item 18)  22. I certify that I attended the deceased from   20e. PLACE OF INJURY (Home, form, law)   20f. (City or town)   (Caunity)   (Ste that I of item 18)  22. I certify that I attended the deceased from   20e. PLACE OF INJURY (Home, form, law)   20f. (City or town)   (Caunity)   (Ste that I last saw the deceased from   20e. PLACE OF INJURY (Home, form, last invention)   20f. (City or town)   20f. (C	NO	442X Canditions, if a gave rise to i casse (a), stating lying cause last.	IMMEDIATE CAUSE (cony, which mmediate the under form)	ar	Clasoselle	rotte (	THE TERMIN				(0) 19. WAS	AUTOPS
21. I certify that I attended the deceased from 19,50, 19, to 26, 19, that I last saw the deceased alive on 2,50, 19, and that death occurred at 2,50, M, from the causes and on the date stated ab ADDRESS (Street, city or town, state)  DATE SIGN	21. I certify that I attended the deceased from 19.50. 19, to 19. 19. 19. 20. 19. 20. 19. 20. 19. 20. 19. 20. 19. 20. 19. 20. 19. 20. 20. 19. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	21. I certify that I attended the deceased from 19.50., 19., to 19., to 20., 19. Ithat I last saw the deceased alive on 20., 19. Ithat I last saw the deceased alive on 20., 19. Ithat I last saw the deceased alive on 20., 19. Ithat I last saw the deceased from 20., and that death occurred at 20. M., from the causes and on the date stated about 20. Ithat say 19. Ithat I last saw the deceased from 20. Ithat I las	ICAL CERTIFICATION	20c. TIME OF INJUR	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	RY OCCURRED 20e.	ACE OF INJURY	(Home, form,	20f. (City		{Cou	YES	
	PHYSICIAN'S No Linthicum Sauthershurg, Frest 195	PHYSICIAN'S NAME (Type) VA A. Linthicum    Santhicute   195   220 BURIAL CEMATION   226 DATE THEREOF   220 NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, John, or county)   12-30-57   St Rose,   Gaithersburg.   Md	MEC	21. I certify the alive on	nat I attended the	deceased	from 19	<i>[</i> ], 19	_, 10 ZZ	M, from	n the causes o	and on the	date stat	ed ab

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BUTTON V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13269 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY b. COUNTY MARYLAND death. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside carporate limits, write RURAL and give regrest town) RURAL and give nearest fawn) 5 day d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO P NAME OF Middle Last DATE Month DECEASED OF DEATH 1957 (Type or print) 12 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months MALE WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Canditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part III of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, 20d. INJURY OCCURRED (Caunty) (Slate) factory, street, office bldg., etc.) a. n. While Not while al work at work D. m. 21. I certify that I attended the deceased from. 195 7 that I last saw the deceased PM, from the causes and on the date stated above. alive on and that death occurred at ADDRESS (Street, city or tawn, state) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Lincoln Gemetery Prince George. 23\_FUNERAL DIRECTOR'S RIGNATURE ADDRES: 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

S'A MITTING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 2

Months

IS RESIDENCE

ON A FARM?

YES NO

Yeor

195

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🔼 NO

> > (Stote)

DATE SIGNED

12-4

(Slote)

12. CITIZEN OF WHAT COUNTRY?

Days

U.S.

(County)

PUNCAU V. S.

MICEDA EN

\* A 1.

II ALL

13270 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rec. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If Institution, Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY o. STATE MARYLAND b. CITY OR TOWN (If outset corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO NAME OF First ✓ Middle Month Your DECEASED (Type or print) DEATH ectm 195 ohe ne 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Hours retained WIDOWED DE DIVORCED T IBO. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL SECURITY NO Address Give Nipee 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). NERVAL BETWEEN PART I, DEATH WAS CAUSED BY: Laceration and contusion of brain, due to IMMEDIATE CAUSE (0) **DUE TO** fracture of the skull. Conditions, if any, which I gove rise to immediate cause burial **DUE TO** (o), stating the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Rupture of diaphragm with herniation of the stomach into the left pleuraks 20g. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Month, Day, Year 20c. TIME OF INJURY (County) (Slote) factory, street, office bldg , etc.} While md 195 of work of work akoma 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection [], Inquiry , and find that the Chief I death resulted from: Natural causes . Accident X. Suicide , Homicide , Undetermined cause 5 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY EXAMINER'S HISCHZM DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 0 GMETER FUNERAL DIRECTOR'S 240. REC'D BY REGISTRAR RAL REGISTERS SIGNATURE VS. A15ME(5) SM 9/55

-MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

DEC ₹ 1825

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY Montgomery ° Marvland **b.** COUNTY MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) FOOLESVIlle-Rural 80 vra Poolesville d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE Matthews ON A FARM? Mursing Home YES NO TO NAME OF Middle Lock 4. DATE Month Day Year DECEASED OF Elizabeth Neer Grubb Dec 1057 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE [In years 8 birthday) Months Days Hours Min Aug. 18-1875 White Female WIDOWED | DIVORCED | yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) None Virginia U.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Grubh John Marguretta Neer 5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No None Edgar Grubb, Beallsville. Md CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) TUYEd 1112Y Disea **DUE TO** rteros levotic Cardin vascu Conditions, if any, which gove rise to immediate **DUE TO** cause (o), stating the underlying cause lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) Hour o. m. factory, street, office bldg., etc.) While Not while at work at work p. m. 1957 that I last saw the deceased 21. I certify that Lattended the deceased fram M. fram the causes and on the date stated above. alive on and that death occurred at/1 ADDRESS (Street, city DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S Gordon M. Smith NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 12/4/57 Monocacy Beallsville. Md 角 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

attending that Š gned by permit. been si burial-transit certificate fached i buriol, DIRECTOR: / d be detach prior to buri retained FUNER, aSod YO E 0 15M 9/55

With director

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5. SEX

CERTIFICATION

death. ero

24 hours after

certificate

MINERO V. S.

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18					
	13340 CERTIFICATE OF DEATH Reg. Dist. No. 2/3					
Poge	1. PLACE OF DEATH  o. COUNTY  MO N 90 14 8 M  MARYLAND  2. USUAL RESIDENCE (Wifere deceased lived. If institution, Residence before admission)  o. STATE  D. COUNTY  MARYLAND  D. COUNTY  MARYLAND  O. STATE  D. COUNTY  MARYLAND  MARYLAND  D. COUNTY  MARYLAND  MARYLAND  D. COUNTY  MARYLAND					
death:	b CITY OR TOWN (If putside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give vectors town)					
by the	d NAME OF HOSPITAL (If not in hospital give street oddress)  y or high tution  HONG MY HY COUNTY GENERAL HOSPT.  d. STREETLADDRESS  o is residence on a farm? YES \( \text{NO} \) NO \( \text{D} \)					
illed in	3. NAME OF Last Last 4. DATE OF DEATH Day Year OF DEATH DAY 1957					
d within olletely firs. Pag	5. SEX   4 OLD OF RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS   1911   1912   1913   1914   1915   191					
and comp	10c. USUAL/OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?					
icion or corbo	13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. MOTHER'S MOTHER'S MAIDEN NAME 16. MOTHER'S MOTHER'S MOTHER'S MOTHER'S MAIDEN NAME 16. MOTHER'S MOT					
ng physic remove 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (It yes, give wor or dotal of service) UNITNOWN 12 d & MULLINIX . Admit Sous Hd.					
attendin n please	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY A Cut to Consective Start Failure Low mumits.					
that the by the it. Then y evening	Condition is an exist.					
signed signed it permit	gove rise to immediate case (a), storing the under- lying couse tost.  (b) Parmonally Toppertend on and Arrest a T.B. / Eury (-)					
e low rec shysician. ss been si ol-transit oval, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO RT					
AN: The	Thronic rephritis, Bulcteral Interference of injury in Port I or Port II of item 18.)  20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Ender nature of injury in Port I or Port II of item 18.)  (If EITHER, NOTIFY MEDICAL EXAMINER)					
PHYSICI ol or atte this certif r use as to emotion,	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m.  p. m.  19  While Not while at work at wo					
NDING e hospit : Affer ched fo urial, cr	21. I certify that I attended the deceased fram. action, 1957, to Decolo, 1957, that I last saw the deceased alive an 1957, and that death accurred at 10115 P.M. fram the causes and an the date stated above.					
A ATTER d by the rector be deto for to be	ACTUAL SIGNATURE M.D. Dane u. 2 ml, 12/1/1.					
retaine RAL DII	PHYSICIAN'S G.F. Meadors, M.D.					
May be in poge 3 the regis	220 BURIAL, CREMATION 276. DATE THEREOF 22c, NAME OF CEMETERY-BRENE TOWN, OF COUNTY) (Store) 12/14/57 Vash. Nati, Peto, Ma					
VS A15 (4) 15M 9/55	W.W. Chambers Co. 3072-MSTSNWC DATDEC 16 57 W registrar's Signature					

BUILLAU V. S.

THAT DEC

1	10	ause of death-MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1	1	Coronary Thrombosis 13291 CERTIFICATE OF DEATH  Reg. Dist. No. 2 16
director, led with	1.	PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission]  b. COUNTY  AMADYSAND
	1	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   S. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
e funeral	1	*Rick-Rockville Rockville
by 42 5	5	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 810 Wicomico Ave.  d. STREET ADDRESS 5810 Wicomico Ave.  e. 15 RESIDENCE ON A FARM? YES \( \) NO \( \)
filled in	3.	NAME OF DECEASED (Type or print) MARY FRANCES HARMON 4. DATE OF DEATH DEC. 27, 1957 19
± 50 €	5.	SEX Female  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   15 UNDER 1 YEAR IF UNDER 24 HRS.   Months   16 UNDER 1 YEAR   16 UNDER 24 HRS.   Months   17 UNDER 1 YEAR   18 UNDER 24 HRS.   Months   18 UNDER 1 YEAR   18 UNDER 24 HRS.   Months   18 UNDER 25 Hours   Min   Months   18 UNDER 25 HOURS   Min   Months   18 UNDER 25 HRS.   Months   18 UNDER 25 HRS.
nd cample on papers. death.	H	OUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Ousewife Own Home Virginia  12 CITIZEN OF WHAT COUNTRY? USA
corbc carbc after	13	John William Hoffman  14. MOTHER'S MAIDEN NAME Elizabeth Phelps
g physic remove 2 hours	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Lester M. Harman-Norbeck, Md.
the attendin Then please vent within		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY,  IMMEDIATE CAUSE (a)  DUE TO  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
ion nit permit.		Conditions, if ony, which gove rise to immediate corse (a), stoling the under- lying couse lost.  (b) ESSENTIAL ARTCRIAL HYPERTENSION TEN YEARS  (c) CORONARY ARTERY DISTERSE TIFTEEN VEAKS
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ending ficate h the bur or rem		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]
al ar att	MEDICAL	20c. TIME OF INJURY Month, Day, Year North, Day, Year Place OF INJURY (Home, form, foctory, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Day, Year North Day, Year Place OF INJURY (Home, form, foctory, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Day, Year North Day, Year Place OF INJURY (Home, form, foctory, street, affice bldg., etc.)
haspit After hed for rial, or		21. I certify that I attended the deceased from DEC 23, 1957, to DEC 27, 1957, that I lost saw the deceased alive an DEC 27, 1957, and that death accurred at 51/5 PM, from the causes and an the date stated above.
CTOR: defact to but		ADDRESS (Street, city or town, state) DATE SIGNED
At DIRECTOR		PHYSICIAN'S Gordon Rosenberger (NAME (1790)
may be a page 3 he regis	27	BUPIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY ROCKVILLE, Maryland State)  BUPIAL, CREMATION, 226. DATE THEREOF Parklawn Rockville, Maryland
2 ° 2 ° ≃ VS AIS (4)	23 F	FUNERAL DIRECTOR'S SIGNATURE ADDRESS CODERT A. Pumphrey-Bethesda, Md.  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE/R-30-57 Bessel, M. Chompson
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 13341 Reg. Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY **b.** COUNTY be filed MARYLAND nTgomer on Taamery b. CITY OR TOWN (If putalde corporate limits, write E. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? WCISma YES NO I 05 트 ] NAME OF Middle 4. DATE Month Day Yeor Filled DECEASED OF DEATH (Type or print) ecem 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 1908 campletely lost birthdoy) Days male DIVORCED [ WIDOWED [ popers. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Salesmar Wholesale new. merica 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician 17 INFORMANT IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address ding 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** á Canditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, affice bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from \_\_\_,that I last saw the deceased \_, and that death occurred at 🏄 M, from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE ъ PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF FUN 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Cremation Dec. 16 Lincoln Crematory Prince George's County. Ó PAINERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 246, ROGISTRAR'S STGNATURE

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**HEALTH—BALTIMORE. 18** 

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fter death		RURAL and give neorest town)  ETHESDA  I. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION	GTH OF STAY IN 16	d. STREET ADDRESS	orate limits, write RURAL and give n	e. IS RESIDENCE ON A FARM?
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 -MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY **b.** COUNTY MARYLAND c. CITY OR TOWN (If obliside corporate limits, write RURAL and give nedrest town) d NAME OF HOSP/TAL OR INSTITUTION (If not in hospital, give fireet address) d STREET ADDRESS ON A FARM? YES 📑 NO 🎮 3. NAME OF Middle 4. DATE DECEASED DEATH (Type or print) and COLOR OR RACE 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HR 7- MARRIED TENEVER MARRIED 1 8 DATE Months WIDOWED ! DIVORCED [7] 106. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? e 70 during you of working life, even if retired) abores 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which ] gave rise to immediate cause **DUE TO** (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 179. WAS AUTOPSY PERFORMED? NO D 20b. DESCRIBE HOW INJURY OCCURRED, (Enter pature of injury in Part I or Part It of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. alore while 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) of work of work Inquiry X and in my opinion death resulted from: Natural causes ... Accident M., Suicide ..., Hamicide ..., Undetermined manner ... M.D. CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER A DEPUT 22d. LOCATION (City town, or county) 220. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY Arlington, Arlington National 23 FUNERALDIRECTORS 240 REC'D BY REGISTRAR 24b. MGISTRAR'S SIGNATURE

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	40000
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and completed death.		D. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12. CIT during most of working life, even if retired).	IZEN OF WHAT COUNTRY?
e pe corbo		FATHER'S NAME	(311)
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CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) n. COUNTY "6" COUNTY MARYLAND 200 MDNI b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Pe RURAL and give nearest town) P d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? ES NO NAME OF Middle 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 19 -5 6. COLOR OR MACE 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED | NEVER MARRIED | Months Days Min 110 WIDOWED IS DIVORCED [7] UNKNOWN 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY: during most-of warking life, even if retired) ONTRACTOR DILDING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 7416 GLENSIDE DR. TAKONA PARKIN 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

S'ANVEL DEC. 1291

## FOR STATE

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If any deloy is necessary, please execute the certificate, writing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be into the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

• FUN.

• INREMIDE: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the file. Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after a contraction.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13328 13351 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2

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I. PLACE OF o. COUNT	DEATH Montgomery		MARYLAND	2. USUAL RESIDENCE (WAS		institution. Resident	
b. CITY OR and give	TOWN   f outside corporate limits, a nearest town)  Detwood R =	_	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	ulside corporate limits,	write RURAL and	give neorest lown)
d. NAME C	OF HOSPITAL OR INSTITUTION	(If not in hos	pital, give street address)	d. STREET ADDRESS			e IS REUD N
	uncaster hill	Rd.		Muncaster	Mill Rd.		YES KI NEDOC
3. NAME OF DECEASED (Type or p		First	Middle Jarrett	Lost 4	OF DEATH DOO	Month . 14, 195	Doy Yeor 57 19
5. SEX	6. COLOR OR RAC	E 7 MARRIE	DE NEVER MARRIED B	DATE OF BIRTH	9 AGE Ilin y	eors IF UNDER 1	YEAR IF UNDER 24 HRS
mal	e white	WIDOWEG	DIVORCED [	4/18/1903	54		oys Hours Min.
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	laborer		'arm	N. C.		J	JSA
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME		
	Arthur W. Jarr	ett		Vannie	Jattis		
15. WAS DEC	EASED EVER IN U. S. ARMED I		SOCIAL SECURITY NO. 17. W			ddress	-
CHAIR	, M11		101701102	Police record			
1 1	E OF DEATH [Enter only one of RT I. DEATH WAS CAUSED BY	C	for (e), (b), and (c). ] Oronary Occlus:	lon		-	INTERVAL BETWEEN
Inf. OL.	IMMEDIATE CAUSE					-	In bed.
	Conditions, if ony, which) (b)						
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21. Fc	ertify that I taak charg	ge of the r	emains described abo	ve, held an Autopsy	, Inspection	, Inquiry	k, and in my
opiniar	death resulted from	Noturel o	ouses 🔁 , Accident [	], Suicide [], Ho	omicide []. Un	determined mo	onner 🔲
ACTUAL	m Fach J.	Bro-	what	_M D CHIEF MEDICAL EXAM	4,000		DATE SIGNED
EXAMIN NAME (1		roschan	rt	ASSISTANT MEDICAL DEPUTY MEDICAL EX		12/15/57	
	CREMATION, 226 DATE THER		224 NAME OF CEMETERY OR	CREMATORY 2	2d LOCATION (City, 1	own, or county)	(Stole)
Bur.	Dec. 17	, 57	Laytonsvill	e Meth.	Laytonsvi	lle .	Md.
Mario	it Banks		Laytonsville		Y REGISTRAR 246.	REGISTRAR'S SIGN	ATURE 1
1000			O TTTE	, Md. DATE/2	1/0/10	visudo	Is Januty

13271 CERTIFICATE OF DEATH Reg. Dist. No. of director, filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If imititation. Residence before admission) · COUNTY West Virginia **b. COUNTY** MARYLAND Montgomery executed within 24 hours after death. funeral b CITY OR TOWN (If outs de corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 9 RURAL and give nearest town) Keyser the fune should I Takoma Park Md. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. SPRET APPREES LOW AVE. or Institution Washington Sanitarium & Hospital 24 3 NAME OF William 4. DATE First Middle filled Otis Jennings Dec. (Type or print) DEATH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months male white WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) EOD 12. CITIZEN OF WHAT COUNTRY? dedita. during most of working life, even if retired) West Virginia Tailor puo ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Belle Dressler physician Otis Vernon Jennings 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 14 SOCIAL SECURITY NO INFORMANT Address Hompital Records m 18 CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY-Fox A DUE TO Conditions, if ony, which ! gove rise to immediate **DUE TO** cause (a), stoting the underlying couse lost PAIR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o m. While Not while of work of work Dec 22, 1957, that I last saw the deceased 21. I certify that I ottended the deceased from \_, and that death accurred at S. ISPM, from the causes and on the date stated above. DIRECT ACTUAL U PHYSICIAN'S NAME (Type) FUNE oge 3 220 BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) Keyser, West Virginia 0 23. FUNERAL DIRECTOR'S SIGNATURE
THO S. H. Hines 240. REC'D BY REGISTRAR 2 245 REGISTRAR'S SIGNATURE

Washington.

D.C.

DATE

VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

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(County)

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13272 **CERTIFICATE OF DEATH** Reg. Dist. No. filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) p. COUNTY b. COUNTY MARYLAND montgomen GEVA663 deoth. erol b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) the func d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? aahen YES TO NO P 3. NAME OF Middle Lost 4. DATE Month Year Day DECEASED (Type or print) DEATH 19 V 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE [in years HE UNDER I YEAR IF UNDER 24 HRS last bigthday) Manths DIVORCED [ mal WIDOWED F yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 2.0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nas WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address フレビ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** permit. ony Conditions, if any, which gned gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BET NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a. n. While Nat while p. m, at work of wark 21. I certify that I attended the deceased from, 19.57 that I last saw the deceased and that death occurred at 9 2 M; from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) FUNE Sge 3 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) YDE. REMOVAL (Specify) 600 6 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TO BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

37.01

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## 13292

# CERTIFICATE OF DEATH

leg. Dist. No. 214

8	10000	Reg. Dist. No	
The .	I. PLACE OF DEATH- COUNTY Montgomery la MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTYON	TGOMERY
fully.	CITY (If outside corporate limits, write RUTAL and LENGTH OF STAY OR give nearest town (in this place)	CITY (If outside corporate limits, write RURAL and give no OR TOWN KNYWY ROCKVILLE	nearest town)
n certiully	HOSPITAL OR INSTITUTION OR 15-204 Rosecroft Rol.	STREET (If rural, give location) ADDRESS / P529 ROSECROFT ROAD	
of information death clearly an	3. NAME OF DECEASED (Type or Print) GEORGE (AMFIdle) JU	OR OR	Day) (Year) 5 19:57
inform th clea	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday   If under 1 ye	
f deal	done during most of working life, even if retired)  Production Supervisor	Germany	CITIZEN OF WHAT
ry ite	Rheinhold Judicke	14. MOTHER'S MAIDEN NAME Anna Kramer	
y eve	15. Was Decrased Ever In U.S. Asked Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of 136-14-3259	17. INFORMANT	
INK. Supply every item please write the causes of	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a)	, /) In	NTERVAL BETWEEN ONSET AND DEATH  9 M-0-
UNFADING IN	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	0 0	**************************************
Phys	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	brailation - right faville bouch &	£ 9 no-
TH U	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION /	worth to	Yes   No
, WITH important	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
INLY	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
PLA is espe	22. I horeby certify that I attended the deceased from March!	5, 1957, to 00ec5, 1957, that I last saw	
WRITE PLAINLY is especially	alive on 195, and that death occurred at 195 (Degree or title)  Lesle W James M. 20, 1911	ADDRESS / Colesalle Ref Selve Spring A	
PLEASE	BURTATOVAL (Specify)   12/9/57   PARKLAWN CEM		MD. (State)
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		ADDRESS SPRING, MD.

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MARGIN RESERVED FOR

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BALLVA A. E.

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**CERTIFICATE OF DEATH** Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) 1. PLACE OF DEATH COUNTY D STATE filed b. COUNTY MARYLAND Virginia Montgomery b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) thesda (Rural) should Alexandria Bethesda davs d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM 5708 Danny's Lane U.S. Naval Hospital, Bethesda, Md. YES 🔲 NO 🏋 NAME OF Middle 4. DATE Month Year Day Filled DECEASED OF DEATH KETTERER Wilhelmina Suarez December (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH lost birthday) Months Days Hours 24 July 1881 Female White WIDOWED [X] DIVORCED | 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY? U.S. Housewife Housewife Alabama Puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Raldolph SUAREZ Mary Mildred JOHNSON 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Son) Frederick KETTERER (Same As #2) No Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1134. **DUE TO** þ Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stoting the underlying cause last. CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY PERFORMED? YES 🔼 NO 🗌 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 20c TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) Hour o. m. While Not while of work of werk 21. I certify that lattended the deceased from 8 November 23 December 19 57 that I last saw the deceased 23 Dedember alive an\_ , and that death accurred at \$3.77A. M. from the causes and on the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED DIRECT ACTUAL SIGNATURE Naval Hospital, Bethesda, Md. 12-23-57 P PHYSICIAN'S John Craighead, LCDR, MC, USN U.S. Naval Hospital, Bethesda, Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stale) REMOVAL (Specify) Barrancas Nat'l Cemeterv Pensacola, Florida Burial 12-97~5 10 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE ADDRESS Funeral Wilson Blvd Arlington Valpage 12-23-57 Home

death

within 24 hours

requires that

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

BUREAU K. L.

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		MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, TO	4
FOR STATE		13355 Reg. DM, 703.	
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he fun he retoi he S.		NAME OF DECEASED CLARENCE KIDWELL LOST 4. DATE Month Doy YEAR OF DECEMBER 5, 19 57	
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S S S S		FATHER'S NAME 14, MOTHER'S MAIDEN NAME	
Page Page Page		Joseph Kidwell Cordelia Kidwell	
eve ile		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address	
ony in the		No 236-50-1573 Mrs. Olive Kidwell, 3601 Weller Rd. S. S. Mc	d.
### B ###		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH	
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EXA DOR: F.		opinion death resulted from: Natural causes 🗵. Accident 🗍. Suicide 🗍, Homicide 🗍, Undetermined manner 🗍	'7
prifico prwore IRECT ted og		ACTUAL SIGNATURE SIGNAL AD CHIEF MEDICAL EXAMINER [] DATE SIGNED	
a de co	П	ASSISTANT MEDICAL EXAMINER	
Z Ges Z		EXAMINER'S FRANK J BROSCHART DEPUTY MEDICAL EXAMINER 12/5/57	
PEPU Shout S	720	BURIAL, CREMATION, 276 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, Town, or county) (Stote)	
9 40 9		Burmai Dec 8, 1957   Camp Hill Cemetery   Paw Paw, West Virginia	
VS ATSME	23	ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR 246 REGISTRAR'S SIGNATURED	
53A 2/57		Warner E. Pumphrey 8434 Georgia Ave. DATE Trances titlery	
	Hydphia	Silver Spring, Md. DEC 9 1957	

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FOR ST	TATE		.13358 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 214
HEALTH	DEPT.		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
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y deloy			NAME OF DECEASED First Middle Lost 4 DATE Month Doy Yeor OF DECEASED Augustus Washington Knox Jr. Dec. 23, 1957 19
la t la t la t la t la t la t la t la t		5, 5	EX 6. COLOR ( R RACE 7. MARRIED NEVER MARRIED   8 DATE OF BIRTH 9. AGE 10 years TIFUNDER LYEAR IF UNDER 24 HAS
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and in die			18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART t. DEATH WAS CAUSED BY:  ONSTEAM DEATH
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rded r TOR:			apinion death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner
certific forwo DIREC	- 1		SIGNATURE Franch J. Broachert M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
> He was			examiner's Frank J. Broschart Deputy medical examiner 12/23/57
No of the Control of		220	
exec exec 10 full		T	RANS & BURIAL 12/24/57 Oakwood Cemetery Raleigh, North Carolina
ms. A15ME		73.	FUNERAL DIRECTOR SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS SILVET Spring, Md.
5M 2/57			J'iames Talley
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BOUTIN A' & BOEC TO 1924

within 24 haurs ofter death. Page

executed

the death certificate

requires that

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	13340
			13274 CERTIFICATE OF DEATH Reg. Dis	t. No. 222
rector d with	M	1	PLACE OF DEATH  o. COUNTY  o. STATE  b. COUNTY  b. COUNTY	e before admission)
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hod is		3.	NAME OF First Middle Lost 4. DATE Manth OF OF	Day Year
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retain retain	·		PHYSICIAN'S ROBERT A. BIER SILVER SPRING	Md.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
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Mit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	NTERVAL BETWEEN
ored in 18		PART I. DEATH WAS CAUSED BY: Massive Cereberal Infarction	days
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ord and	1 )	gave rise to immediate cause out to Automobile accident	2 days
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P P P		NAME (Type) FRANK J. BLOSCHZIK DEPUTY MEDICAL EXAMINER D 12-29	-57
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BUREAU V. A.

DEC 30 1821

BECEIVED

VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13277 CERTIFICATE OF DEATH

13345/13.
Reg. Dist. No.

3	1. PLACE OF DEATH COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
And the second	b. CITY OR TOWNYI autside corporoly limits, write c. LENGTH OF STAY IN 16 RURAL and give hearest tayn)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)
-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
	3. NAME OF DECEASED Middle	Lost 4. DATE Mapth Doy Year OF THE ATT OF THE PROPERTY AT THE PROPERTY OF THE PROPERTY AT THE PROPERTY OF THE
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   lost birthdoy)   Months   Doys   Hours   Min.
ě	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT, COUNTRY?  2
	13. FATHER'S NAMEY  2 Jours 2 Jours 9	14 MOTHER'S MAIDEN NAME
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. In 1981, no or unknown)	Choraf Address
13	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	val hepatity- Interval BETWEEN ONSET AND DEATH
	Canditions, if ony, which gave rise to immediate couse (o), stoting the under lying couse tost  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  CO  Serum ha	between toxic and hatits hending-
")	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH  OR CONTRIBUTING OF CAUSE OF DEATH  OF CONTRIBUTING OF CAUSE	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  LECTURE 19. YES 1. NO []
		(Enter nature of injury in Part t or Part II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED for While Not while for p. m. 19 of work of wark	ACE OF INJURY (Home, form, 20f (City or tawn) (Caunty) (State) tary, street, effice bldg., etc.)
	0.2.	occurred of 1957, to Nec. 28, 1957, that I last saw the deceased occurred of 1945 M, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
1	ACTUAL SIGNATURE OF THE	ND. 13018 GEORGIA AVE 12/24/57
	220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	(Side)
	burial 12/31/57 George Wash 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash	D. C. 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
		DATE 1 12h The lease Wandy

DEC OF S

	MARY	LAND ST			H—BALTIMORE,	18 1	3346
		2761	CERTIFICA	ATE OF DEAT	H	Reg. Dist.	No. 2/6
PLACE OF DEATH	ontgomery		MARYLAND	2. USUAL RESIDENCE (W STATE Maryland	here deceased lived. If institution b. COUNT	ine Arun	before admission)
b. CITY OR TOWN RURAL and give	(If autside carporate limi nearest lawn)	ls, wrife c. L	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limits, write	e RURAL and give	e nearest lawn)
Bethesda			18 days	Annapolis		07	: ×.
OK INSTITUTION	TAL (If not in hospitol, o			910 Ridgewo	od Street		o. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print)	Robe	'sl	Middle Allen	Maddocks	OF	omber	Day Yeor 27. 19 57
5. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In year		EAR IF UNDER 24 HRS
Male	White	WIDOWED [	DIVORCED [	March 19.	1924   lost birthday	Manths Da	ys Hours Min.
On. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	dane 105 KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote			N OF WHAT COUNTR
Storekeer			L Academy	California		U.	. S. A.
3. FATHER'S NAME				14 MOTHER'S MAIDEN	NAME		
Earlston	L. Maddocks	3		Iuella Tho	mpson		
5. WAS DECEASEDEY	ER IN U. S ARMED FOR	CES? 16. SOC!	AL SECURITY NO. 17 II	NFORMANT The Med	ical Record ^	ddress	· · · · · · · · · · · · · · · · · · ·
No	In her fine and or order or a	Unascer			Center, Bethe		Maryland
18 CAUSE OF DE	ATH [Enter only one co	use per line far					INTERVAL BETWEEN
Conditions, if a gave rise to couse (a), stating lying cause last.	immediate DUE TO	)	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION (	SIVEN IN PART I	or Paragraphic Control of the Contro
CATO							PERFORMED? YES NO
OR CONTRIBUTION	AS UNDERLYING [] G [] CAUSE OF DEATH / MEDICAL EXAMINER)	206 DESCRIBE	HOW INJURY OCCURRE	D (Enter nature of injury in	Part I ar Part II of item 18 )		
20c. TIME OF INJU Hour a. m, p. m.	RY Manth, Day, Yei 19		Not while fac	ACE OF INJURY (Hame, form clary, street, affice bldg., etc	n, 20f. (City or lawn)	[Cau	nly) (State
21. I certify to alive an Dec	hat I attended the ember 27	deceased for			Combor 27, 19 5 M, from the causes ADDRESS (Street, city or low	and an the	
ACTUAL	50	$Q_{\mathcal{L}} = \lambda$	h	The 074	matern Conten		20/00/
ACTUAL SIGNATURE	Edevan	Ca )	near	**************************************	nical Center 1 Institutes	of Healt	12/28/
ACTUAL SIGNATURE	EDWARD A.	(a) MOORE,	M. D.	Nations	1 Institutes		
SIGNATURE	ON, 226. DATE THEREC		M. D.  NAME OF CEMETERY OF  HELECKE	Nations Bethasd		nd	
PHYSICIAN'S NAME (Type)	ON, 226. DATE THEREO			Nationa Bethasd R CREMATORY AT CENT	1 Institutes a 11, Marylar 22d LOCATION (City, Town	nd	th 1977/C

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 56	13362 CERTIFICATE OF DEATH Reg. Dist. N. 3347/9
Page director	1. PLACE OF DEATH a. COUNTY) mfg maryland  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a STATE 74 21/42 b. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  MARYLAND
death.	b. CITY OR TOWN (If outside carporate limits, write A. LENGTH OF STAY IN 16 RURAL and give nearest town)  RURAL and give nearest town)  RDI SILVED SOLING BRANCE IS DAYS  POOLED 1/16  **
by the	d. MAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  BRITON  CON A FARM?  YES D NO E-
illed in	3. NAME OF DECEASED (Type or print) Cha? of HE Middle Martin Dear Year DEATH 12 31 19.57
d withir sletely F rs. Pog	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  B. DATE OF BIRTH  9. AGE (In yeors   IF UNDER 1 YEAR IF UNDER 24 MRS.   Months   Doys   Hours   Min.    WIDOWED   DIVORCED   1-10-1869   Styrs.   Months   Doys   Hours   Min.
execute nd comp n pape death.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)  HOUSE Was 12. CITIZEN OF WHAT COUNTRY?
icion or e corbo	13. FATHER'S NAME AMOS GENIES 14. MOTHER'S MAIDEN NAME MINING
ng physe remov	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (You no, or uphnown) (If you, give wor or dates of service) NWSing Record RD Braden Ph
t the deoth the ottendi Then pleos vent within	18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  INTERVAL BETWEEN CONSET AND DEATH  ONSET AND DEATH  UILE NOW Y
equires than	Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last</u> .  Lying cause last,
physicio physicio das been iol-tronsi novof, on	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO ELEMANT OF THE PROPERTY OF
tending ficate h fibe bur fibe bur	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
PHYSIC ol or of this cert r use os emotion	20c. TIME OF INJURY Manth, Day, Year Not While Not white of work at work 19 work 19 Not white of work 19 Not work 19 Not white of work 19 Not white Not white Not white Not white Not work 19 Not w
TENDING the hospit DR: After stoched fo	21. 1 certify that I attended the deceased from 12-19, 1957, to 12-31, 1957, that I last saw the deceased alive on 12-19, and that death occurred at 15. 17. M, from the causes and on the date stated above.  ADDRESS (Street, city or jayin, state) / DATE SIGNED
OR AT	SIGNATURE VILLE TO GULLSON, M.D. KDI, Existhersburg, Md. 12-34
SPITAL De reto NERAL 3 segisfror	PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote)
O HO D EQU Poge The re	Burial 1/4/58 Jerusalem Baptist., Poolesville, Md.
VS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS DATE 1958 Francis Tallary OATE 1958 Francis Tallary

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13363 te s le, CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY g. STATE b. COUNTY Filed MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Ü RURAL and give nearest town) ES. P d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE 40 OR INSTITUTION YES NO 14 J. NAME OF 4. DATE Middle Lost Month Day Year DECEASED DEATH (Type ar print) 19,5 6. COLOR OR RACE 7. MARRIED PREVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Days WIDOWED TO DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of warking life, even it retired) oundan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME! 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSE AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 502.0 **DUE TO** Conditions, if any, which ! gave rise to immediate **DUE TO** couse (a), slating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY YES NO 4 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 for art II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Month, 20d INJURY OCCURRED Day, Year (County) (Stote) factory, street, office bldg., etc.) g. h. While Not while at work at work 21. I certify that I attended the deceased from 19.57, that I last saw the deceased that death occurred at 45 AM, from the causes and on the date stated above. alive an . ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 22a. BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Lincoln Cemetery George Co., Md . 23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A PUVI 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Bethesda. DATE/0-24-57 15M 9/55

DEC 27 C

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
.6			13364 CERTIFICATE OF DEATH  Reg. Dist. No. 216
		0	COUNTY SUB-Walter - Man gamemany and 2 USUAL RESIDENCE (Where deceased fixed If institution: Residence before admission) o STATE Mary and b COUNTY Mora Tanner
should be f			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Delthes de
and 2 sh	74		NAME OF HOSPITAL (If not in hospital), give street oddress on A FARM?  Subus ban Hospital  Audilia 14 Date Month
g .		- (	Type of print) MCCULLOUGH Thomas Edward DEATH DEC 29 1257
<u>*</u> ₽			BOY WHITE WIDOWED DIVORCED DE C 28, 1957 Yewborxs Months Day Hours Min
and cample son papers. rr death.	1		USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY  Maryland  13. CITIZEN OF WHAT COUNTRY
e graft		13 (	Harry A. Mc Callonel Copp
	6	15 \ (Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SEE URITY NO. 17 INFORMANT Address 5-346 POOKS HILL NO OF UNIT OF THE SAGE MACHINE THE SAGE
attending n please r t within 72			18. CAUSE OF DEATH [Enter only one couse por time for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  REMATURITY  35 HPQ C
mit. Then any event	1)		Conditions, if ony, which ) (b)
signed by			gove rise to immediate couse (a), stating the under- lying couse last.
as been ial-trans aval, a	0	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \bigcup \ \text{NO} \\ \bigcup \\ \text{TERFORMED}.
ficate h the bur ar rem			206 ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
his certi use as emation		MEDICAL	20c. TIME OF INJURY Manih, Day, Year 20d INJURY OCCURRED Hour a m.  p. m.  19  20d INJURY OCCURRED Foctory, street, office bldg., etc.)  Foctory, street, office bldg., etc.)
After the shed for riol, cr			21. I certify that I attended the deceased fram DEC 25, 1957 to DBC 29, 1957, that I lost saw the deceased alive on DEC 29, 1957, and that death accurred at 2130 rM, from the causes and an the date stated above
DIRECTOR: Id be detac	,		ACTUAL SIGNATURE OF W. Pearly June 4700 BRAD CEY BLUN
aor pri	1		PHYSICIAN'S DR. IRA W. PEARLMAN CHESTY CHIPSE ISMA
Page He regard		220 B	BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY Arlington Virginia  22d LOCATION (City, town, or county)  Virginia
0 0 = (15 (4) 9/55			obert A. Pumphrey-7557Wis. Ave. Bethesda, Nate/2-31-57 Berie M. Thornfron
		Q	1074376 XVO

BUREAU V. E.

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BECEINED

7		MARYLAND	STATE DEPA	RTM	ENT OF HEALTH	BALTIMORE, 1	8	10054
142 p 1		13365	CERTI	FICA	TE OF DEATH		Reg. Dist. No	1335()
8.5	PLACE OF DEATH o. COUNTY Montgomery		MARY	LAND	2. USUAL RESIDENCE (Who a. STATE North Caro	re deceased lived. Il institution b. COUNTY	oni Residence belo	re admission)
	b. CITY OR TOWN (II outside RURAL and give nearest to	e corporate limits, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If or	utside corporate limits, write R	URAL and give ne	arest lown)
	Bethesda (Rura	al)	47 days		Wilson		, x	
51	d NAME OF HOSPITAL (IF IN OR INSTITUTION  U.S. Naval Hos			d.	d. STREET ADDRESS  Route #4			IS RESIDENCE     ON A FARM?     YES    NO    □
3.	NAME OF DECEASED	First	Middle	··· · · · ·	Lost	4. DATE Mon	th Do	y Yeor
	(Type or print)	Willie	Jam		MEADOWS	DEATH December		1957
5.	SEX 6. CO	LOR OR RACE 7. MARI		-	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys	Hours Min.
		ite widow			16 September	1896 61 yrs.		
110	<ul> <li>usual occupation (Giver during most of working life.</li> </ul>	e kind of work done 10b. , even if retired)	KIND OF BUSINESS O	R INDUS	TRY 11 BIRTHPLACE (Stote of	or foreign country)		OF WHAT COUNTRY?
	Farmer and Gro	cer Gr	ocer		North Caro		U.S.	
13	FATHER'S NAME				14 MOTHER'S MAIDEN N.			
	Luther MEADOW			127 4	Daisy GRIM			
n	st. ne. or unknown) (II yes, go	ve war or dates of service)	SOCIAL SECURITY NO				"Wsahing	
<b>ノ</b> (日	es 3-5-18 to		nknown		ughterSaran A	MEADOWS 3200		
	18. CAUSE OF DEATH [Er		ne for (o), (b), and (c).	]		2 manufact survivaria M		ERVAL BETWEEN SEÇ AND DEATH
	1420.1 IMMED	DIATE CAUSE (o)	MANU 12	7/14	Fine will the	Col 1 (1 8-1		j /2.221
		DUE TO	C. 11	1.0	01.01			11 100 0
	Conditions, if any, wh gave rise to immedia	ole (	To Flore de el	1.6	1141126(111)	23	No.	( ) ( ) ( ) ( )
	lying couse lost.	DUE TO						
Z		NIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART I(a)	9. WAS AUTOPSY
N N								PERFORMED? YES NO
1 1	20g. ACCIDENT WAS UND	ERLYING   20b DES	CRIBE HOW INJURY O	CCURRED	(Enter nature of injury in P	ort I or Port II of item 18 )		
CERTIFI	20a. ACCIDENT WAS UNDI OR CONTRIBUTING [] CAU (IF EITHER, NOTIFY MEDICAL	USE OF DEATH   AL EXAMINER)						
Z Z	20c. TIME OF INJURY Mon		NJURY OCCURRED	20e. PL/	CE OF INJURY (Home, form,	20f. (City or town)	(County)	(\$tote)
MEDICAL	Hour o. m.	IP While	k Of while	roc	tary, street, office bldg., etc.	1		
		iffended the decens	ed from O NOV	embe	r 1057 to26	December, 19 5	7 that I last so	aw the decemen
	alive on 26 Dece					M, from the couses of		
	1	1 1/1/	- 7 7	000111		ADDRESS (Street, city or lown,		DATE SIGNE
	ACTUAL SIGNATURE	un il det	1731		un U.S.Naval	Hospital, NNMC	.Bethesda	Md.12-27
- /			1		***************************************			
	PHYSICIAN'S Robert	P. Dobbie,	Jr4CDR,MC	USN	U.S.Naval	Hospital, Bet	hesda Md.	
2		DATE THEREOF	22c. NAME OF CEM	ETERY O	CREMATORY	22d LOCATION (City, fown, o	or county)	(State)
]	) OLL 31-11-24	2-29-57	Mapelwood	Cem		Wilson, Nor		43
23	ANNERAL DIRECTOR'S SIGN	rel Herri	ADDRESS			BY REGISTRAR 246 REGIS		2
	lunts Funeral	Homé 115	N. Tarboro	St.V	ilson, N. ONE 12	-27-57 / na	M. G.	Tarrelle
-							/	(

BUREAU V. E.

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DECENTED

13351 **CERTIFICATE OF DEATH** 13366 Reg. Dist. No. 2/6 filed with director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY **b.** COUNTY Montgomerv Maryl and Montgomery b. CITY OR TOWN (If outside carporate limits, write funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) þé RURAL and give nearest town) shauld Chevy Chase Chevy Chase d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS a. IS RESIDENCE ON A FARM? 7411 Wyndale Lane YES NO X Wyndale Lane NAME OF First 4. DATE Middle Doy Month Year filled DECEASED OF Rourke Ella (Type or print) Mee 1957 Dec. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED S. SEX IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years lost birthday) Months Days Hours Mins DIVORCED | WIDOWED [7] 28,1866 Female White 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Housewife pup Sterling. Illinois offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 0 John Rourke Mary Williams emove IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Iff yes, give wer or dotes of service) Mrs. C.F. Mueller Wyndale ottending Vο None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] MONTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** ģ Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19, WAS AUTOPSY PERFORMED? os buriol YES [7] NO DO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour om foctory, street, office bldg , etc.) While Not while at work of work 21. I certify\_that I attended the deceased from L. that I last saw the deceased 130PM, from the causes and an the date stated above. and that death occurred at - DATE OF GIVED DIRECT SIGNATURE D PHYSICIAN'S Bacon NAME (Type) Frank S 1150 Connecticut Ave. N.W. Wash 6 FUNE 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) Bull MOTH Bright 12/31/57 Calvary Sterling, Illinois 0 Robert A. Pumphrey-Bethesda, Md. 240, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE/2-31-51

after deoth.

withIn 24 hours

that the

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECEIVED 1853

BUREAU V. S.

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		13367 CERTIFICATE OF DEATH  Reg. Dist. No. 218
director, filed with	1.	PLACE OF DEATH    2 USUAL RESIDENCE (Where deceased lived. If institution Residence define admission)  o. STATE   DOUGLOSS    b. COUNTY   DOUGLOSS    o. STATE   DOUGLOSS    b. COUNTY   DOUGLOSS    o. STATE   DOUGLOSS    b. COUNTY   DOUGLOSS    county   Dougloss
funeral uld be fi		b. CITY OR TOWN (If outside exporate limits, write RURAL and give nearest town)  RURAL and give nearest town.
2 shot		d NAME OF HOSPITAL (If not in pospital, give street address) OR INSTITUTION  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
illed		NAME OF DECEASED (Type or print) First Frederick Welf DEATH LLE 21- 1967
d within bletely f rs. Pag	s.	SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   B DATE OF BIRTH  WIDOWED   DIVORCED   WLC-13-1882  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS, last birthday)  Months   Days   Hours   Min.
and campon paper death.	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE ISlate or foreign country)  12. CITIZEN OF WHAT COUNTRY formula formu
icion and e corban	) 13.	george Enoch Metz Francis Relicea Singles
ng phys remov 72 hour		WAS DECEASED FUE IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT M. Horton, Germanteur, Met.
e death attendi n pleas t within		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), fid (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)
that the liby the sit. The sit and even		Conditions, if ony, which) (b) Chronic myocardial insufficiency 3 years
an, n signed sit pern		gave rise to immediate course (a), stating the under- lying cause last.  Out To High arterial tensible, periodically 5 years
he faw physici nas beer rial-tran naval, o	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \sum no \( \sum \)
IAN: T	1 CERTIF	20s. ACCIDENT WAS UNDERLYING (1) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar at this cert r use as ematian	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m.  19 While Not while of work at
NDING haspit : After ched fo		21. I certify that I attended the deceased from March, 1952, to 22 - 21 -, 1937, that I last saw the deceased alive an 22 - 1937, and that death accurred at 1 A. M. from the causes and an the date stated above
R ATTEI d by the RECTOR De deto or to bi		ACTUAL William & Miller M.D. 7-Brooks (Street, city or town, stote) DATE SIGN
retaine Recording Strar pr		PHYSICIAN'S WILLIAM C. MILLER gaitheroburg And
May be may be page 3 FuNE!	22	Service 12-23-37 Ballisch Ceruelly General Marian Marian Marian States
VS A15 (4) 15M 9/55	23	Street Grantisco Faithersberg Date Noe 23-57 algord & Cont

SEC 11 1825

BUREAU V. E.

VS. ATSME 5M 2/57

Rea. Dist. No. Q

. S RESIDEN ON A FARM? YES NO 13

Year

Hours Min. 12 CITIZEN OF WHAT COUNTRY?

Budde

(Stotu)

INTERVAL BETWEEN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLTS, WAS AUTOPS PERFORMED? NO M

(County)

Suicide . Homicide . Undetermined manner

DATE SIGNED

PRINCE GEORGE COUNTY.

240. REC'D BY REGISTRAR -24b REGISTRAR S SIGNATURE

Z .V UALLUI

- 2561 77 C

1 -			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	13354
	11		13369 CERTIFICATE OF DEATH Reg. Dist.	No. 214
Page I			PLACE OF DEATH  O. STATE  O. STATE  O. STATE  D. COUNTY  D. COUNTY	before admission)
Meoth:	E.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give reperest form)  RURAL and give reperest form)	e nearest town}
rs ofter by the fu			d NAME OF HOSPITAL (IF not in hospital/give street address)  OR INSTITUTION  d. STREET ADDRESS  512 Mans dield Rd.	e, IS RESIDENCE ON A FARM? YES NO
illedun es 1			NAME OF First Middle Lost 4. DATE Month OF DECEASED (Type or print) LOUIS MOGIN DEATH DEC	Day Year 2 1957
d within hetely fi		5. 9	EX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS
executer of company of		10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZ  OF HOLSTER	EN OF WHAT COUNTRY
icion ar e carbo		13.	FATHER'S NAME  UNKNOWN  UNKNOWN  UNKNOWN	
certific ng phys remay 72 hour			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  Address  ADDRE	SFIELD ROS
ottendi n pleos t within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Web-al Hewerbase	INTERVAL BETWEEN ONSET AND DEATH
by the lit. The			Conditions, if any, which) (b) artuin relucion	3, eur
requimon. signed sit perm			gave rise to immediate couse (a), staling the under- lying cause last.  DUE TO  (c) are Hyputeurs are	
physicial physic	0	CATION	PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: Ti rending ficote h the bur		CERTIFI	206. ACCIDENT WAS UNDERLYING (206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC of ar att this cert r use as emation		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. gr., p. m. 19 20d. INJURY OCCURRED While Not while of work a factory, street, office bidg, etc.) (Co	unty) (Slale)
NDING hospital After for ched for urial, cr			21. I certify that I attended the deceased from 1. www. 15., 1942, to Nov. 3., 1952, that I la alive on Nov. 23., 1957, and that death occurred at 7.3 CM, from the causes and on the	st saw the deceased
d by the RECTOR be deto			ACTUAL SIGNATURE M.D. 2024 Chief St. N. W.	DATE SIGNED
retoine	1		PHYSICIAN'S HUGO EINSTEIN	
May be O FUNE		1	RUPIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d, LOCATION (City flown, or county) 1 SEMOVAL (Specify) 12/3/57 SEO. MASH CEM. /NEC Hydelfsulle.	Collins (State)
VS A15 (4) 15M 9/55	Y .	23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	JATURE OF THE PROPERTY OF THE
12m 1/33	1.		The state of the s	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FUNER

VS A35 (4)

death

CECEDA N. S.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item. CERTIFICATE OF DEATH Reg. Dist. No. K. with I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutioni Residence before admission) a COUNTY West Virginia b. COUNTY Montgomery MARYLAND within 24 hours after death. uneral b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Bethesda 131 days shautd Skelton d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 35 The Clinical Center, Bethesda lh. Md. YES NO NAME OF 4. DATE Middle Lost Month Day Year DECEASED Marria Anna Moore December (Type or print) DEATH 57 19 5. SEX 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH last birthday) Months Hours Famale White WIDOWED [7] DIVORCED [7] executed 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CHIZEN OF WHAT COUNTRY? during most of working life, even if retired) Unascertainable West Virginia Stock Clerk U. S. A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Minnie B. Hyatt John A. McGhee 17 INFORMANT The Medical Record Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 235-lili-088li The Clinical Center, Bethesda lu. Maryland No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO requires that á gny Bermit. Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underoug lying cause last. burialyfransil CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔼 NO 🗌 200. ACC. DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18 ) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Day, Year 20d INJURY OCCURRED 20f (City or town) (County) (Stote) factory, street, office bldg , etc.) Hour a. m While Not white at work of work December 29 19 57, that I last saw the deceased 21. I certify that I attended the deceased from August 20 December 29 and that death accurred at 24 M, from the causes and an the date stated above. DIRECTOR: a TADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Clinical Center National Institutes of Health PHYSICIAN'S Kahn Bethesda Ili. Marvland NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Bur-Transit Tabor W. Virginia 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 246. REC'D BY REGISTRAR DATE /2-31-57 VS A15 (4) Pumphrey-Bethesda. "d

BUREAU V. Z.

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		13371 CERTIFICATE OF DEATH  Reg. Dist. No. 2//
director filed with	M	1. PLACE OF DEATH  o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY
2 de 1	-	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
e fune ould t		RURAL and give nearest town) HYATTSTOWN 14 YRS. X. HYATTSTOWN
by the	00	d. NAME OF HOSPITAL (11 not in hospital, give street oddress) OR INSTITUTION  d. STREET ADDRESS on a FARM? YES NO
7.		3. NAME OF DECEASED First Middle Lost 4. DATE Month Day Year OF
rille oge		(Type or print) / ARY FITH NIULLICAN SEATH DEC. 3. 1957  5 SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
letely wir		5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours lost birthdoy) Months Days Hours Min.
omp oper th.		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY:
oop oop	- 1	HOUSE KEEPER MP. MONTGOMERY U.S.
an o carb		13. FATHER'S NAME
ysic love ours		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT  Address
ng pl	. ,	(19 no. or unknown) (If yes, give wor or dotes of service) NONE CHIE GAIL NELLEY GREAT FALLS IND
eoth endir lease		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
he d e oft en p		PART I. DEATH WAS CAUSED BY.  152 × HAMEDIATE CAUSE (0) 6 ances of and intesting with generalized ONSET AND DEATH
4 th		OUE TO T
es e	/	Gonditions, if any, which gave rise to immediate
d red or	( -	couse (a), stoting the under- lying cause tost.  Couse (a), stoting the under- (c) (c)
sician, seen si ronsit	(1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY
phy phy has the riol-t	1	PERFORMED? YES NO
IAN: I rending ficate   the bu		200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
or att		20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)  While Not work of work of work
ital for u		
After Hed		21. I certify that I attended the deceased from 197, to 197, to 197, that I last saw the deceased alive on 197, and that death occurred at 197, and the deceased at 197, and that death occurred at 197, and the deceased at 197,
the OR:		alive on VIDIO 1971, and that death occurred at M, from the causes and on the date stated abave.  ADORESS (Street, city or toyn, state)  DATE SIGNED
RECT P	,	SIGNATURE times V. ton M.D. A. Mondagens M.J. 17-13/57
T din G	- 1	PHYSICIAN'S
Sittle		NAME (Type)
FUN PER		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)  REMOVAL (Specify) 1/-5-1957 NIETHEOIST CHURCH HYATTSTEWN NIETHEOIST
5 <sub>E</sub> 5 <sub>₹ ₹</sub>		23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 246. RIPSISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55		W. A. Burdette Hartstown (MX, DATE) FC9 19 Sella Burdette

TOTAL SOU

1 .			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 55 °~	K		13372 CERTIFICATE OF DEATH 13358 214
directo directo filed wi		1.	PLACE OF DEATH COUNTY MONIGOMERY MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE Maryland b. COUNTY montgomery
death fureral	(/3c <sup>44)</sup>		c. CITY OR TOWN (If outside corporate limits, write town)  RURAL and give negrest town)  Construction  Constructio
by the	1		or INSTITUTION CARROL Hall Sanitarium   8516-14 Care. 15 RESIDENCE ON A FARM?  YES   NO.
11 24 ho	1.)		NAME OF First Middle NALLEY 4. DATE Month DEC. 46 Day Year OF DEATH DEC. 46 Day Year 1957
d within oletely f		5.	Temale While WIDOWED & DIVORCED June 23/1872 gast birthday) Manths Days Hours Min.
and camping page death.	7	10a	. USUAL OCCUPATION (Give kind of wark done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY:  W.S./
icial or e carbo	.4	13.	FATHER'S NAME Jaseph Flaith Einstein Snetzner
ng physe remay 72 hour	0	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Language of control o
at multin			18. CAUSE OF DEATH [Enter only one couse per line for (0). (b). ond (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) CO TONARY THROW BUSIS  INTERVAL BETWEEN ONSET AND DEATH
by the ii. The			Conditions, if any, which ) BY ARTERIOSELLEROTIC HEART D'SE MSE
equires an. signed iit perm nd in a	!		gave rise to immediate couse (a), stating the under lying couse lost.  (c) GENERALIZED ARTEI-1051 LETEOSIS
physicic as Meen ial-trans	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NO [7]
IAN: Ti ending ficom ii ficom ii the bur or rem		CERTIF	20s. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of or att his cert- use as emation		MEDICAL	20c. TIME OF INJURY Month. Day, Year 19 20d. INJURY OCCURRED While Not white of work o
haspite After 1 After 1 thed for trial, cri			21. I certify that I attended the deceased from JUNE 16, 1951, to 16. 26, 1952, that I last saw the deceased alive on 16. C. 26. 1952, and that death accurred at 17:10 AM, from the causes and on the date stated above.
ATTEN 5 by the ECTO	1		ACTUAL SIGNATURE ADDRESS (Sireet, city or town, stole)  ACTUAL SIGNATURE  M.D. 5776  M.D
retained AL DIR Could It			PHYSICIAN'S HENRY M. LOWDEN
HOSPI nay be FUNIF Dage		220	SURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, Igwn, or county) (State)
VS A15 (4) 15M 9/55	V.	23.	EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ADDRESS  AD
13m 1/33	1	k /z	Wash De Washing

BUREAU V. &

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Burios 1:1

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after death?

requires that the death

HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUTEN N. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Coroner notified by hospital and approved, by Dr. Broschart

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

SECEINED

- 1	3	36	117
1	U	YYY	71

CERTIFICATE OF DEATH 12277

	1	33047
Dist	M-	011

			1001	4							Reg. Dis	st. No.		
1	1	PLACE OF DEATH			2. USUAL RESIDENCE ()			ENCE (Wh	(Where deceased lived. If institution Residence before admission)					
1			ntgomery		MARYLAND			Maryland Howard					٧	
	1	<ul> <li>b. CITY OR TOWN (If RURAL and give nea</li> </ul>	outside corporate limits, w	rite c. LENG	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate fimits,					prote (imits, write f	URAL and C	jive rearest t	own)	
			lev	12	hours		Ell	icot	t Ci	tv		12×	i w	
^		d. NAME OF HOSPITA OR INSTITUTION	LE (If not in hospital, give s		77		d. STREET AD					01	RESIDENCE	
			County G	eneral	Hospi	teil			T			YES	□ NO □	
		NAME OF DECEASED (Type or print)	Mattie		Middle TD	0++	erson		4. DATE OF DEATH	Donomi		Day 1 FZ	Yeor 19.5.7	
	5. 5	SEX		MAPPIED N	IEVER MARRIED		DATE OF BIRTH			Decem	IF UNDER	1 YEAR IF U	17 3 7 NDER 24 HRS.	
	To	omolo.	AN .	DOWED	DIVORCED		No▼. 25	, 18	96	9. AGE (In years lost birthday)	Months	Days Hou		
	100	emale	N (Give kind of work done		BUSINESS OR	INDUST	RY 11. BIRTHPLA	CE (State o	or foreign c		12 CIT	IZEN OF WI	SAT COUNTRY	
11		during most of works	ng lite, even it retired)				_	_		.,				
	13.	FATHER'S NAME	nemaker				14. MOTHER'S A		land AME			USA.		
		Will Ne								3				
ŀ	15.		OWTON IN U. S. ARMED FORCEST	16. SOCIAL S	ECURITY NO.	17. INE	ORMANT	zie_	Holl	Ado Ado	ress			
5	[Ye	n, no, or unknown) (II	f yes, give war or dates of vervice	)				- I D						
		18. CAUSE OF DEAT	H (Fater only one course	ner line for (o)	(b) and (c) 1		Hospit.	<u> </u>	ecor	<u> </u>		INTERVAL	DETAMECAL	
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c)-] PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
			IMMEDIATE CAUSE (o)		erebrul	· · · ·	remort	nage				/ 8	hours	
			DUE TO	A	toi.	1.0		. 1		L .				
		Conditions, if an	mediate (0)		rterios	CRE	10515	24	per	ension		40	cars.	
		cause (a), stating th						· ·	•			,		
	7	lying couse last.	(c)											
	TIO	PART II. OTHE	ER SIGNIFICANT CONDITIO	40 11	TING TO DEATH	BUTN	OT RELATED TO 1	HE TERMI	NAL DISEAS	E CONDITION GI	EN IN PART	[ [(o) 19 W/	AS AUTOPSY RFORMED?	
5 1	Ş	V _ 2 X	Diuberes	Mell	1 Br ?							YES	□ NO □	
	CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY A	UNDERLYING [] 206.  CAUSE OF DEATH AEDICAL EXAMINER;	. DESCRIBE HO	W INJURY OCC	URRED.	(Enter nature of	injury in P	ort i or Por	t II of item 1B }				
	MEDICAL	20c. TIME OF INJURY	Month, Day, Year 2	tod. INJURY OC	CURRED 20	e. PLAC	E OF INJURY (H	ome, form,	20f. (City	r or lawn)	(C	[ounly]	(Stote)	
	MED	Hour e. ji.		Vhile Not to wark 🔲 of w	while rork	tacto	ry, street, office I	oldg., etc.)						
			it I attended the de-			-47	10	Am 17	-13.	<u> </u>				
		alive on 12 -												
		dilve on		12,	and indi di	eath c —	iccurred at			n the causes of		ie date st	ated abave DATE SIGNED	
/		ACTUAL	the de	G. Cl.	1				innuera (2	ineer, city or lown,	sidiej		7 - 13 - 1	
		SIGNATURE	oun a r			M.	D						<u> </u>	
		PHYSICIAN'S NAME (Type)	Richard A	Yate	s M	D		lne	w_M	d				
	220	BURIAL, CREMATION			ME OF CEMETE	RY OR (				TION (City, fown,	or county)	(5	itote)	
		REMOVAL (Specify) Burial	12/16/57	A	sh Memo	rial	-,		Sar	dy Sprin	g, Ma,			
	23.	FUNERAL DIRECTOR'S	SIGNATURE /	4	DRESS			4a. REC'D	BY REGIST	TRAR 245 AEGI	STRAR'S SIG	NATURE /	1	
		Myst	, should	Ro	okville	, Mi	to I	DATE	010	100927	mudeo	Las	Mes.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or afterding physician.

TO FUNER I DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 id be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 should be filled with the regil prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)

DEC 102

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13378 **CERTIFICATE OF DEATH** Rea. Dist. No. death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY b. COUNTY MARYEAND MARYLAND MONTGOMERY b. CITY OR TOWN (If outside corporate limits, write OF LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should KENSINGTON MARYLAND KENSINGTON. MARYLAND d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 10409-PARKWOOD DRIVE YES NO 10409 PARKWOOD DRIVE NAME OF Middle 4. DATE Month **Уерг** Day filled DECEASED (Type or print) DEATH ec 19.5 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HES 7. MARRIED NEVER MARRIED lost birthday) Months 2 WIDOWED [ DIVORCED TY 76 FEMALE SEPT. 25rd. 1881 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSEWIFE RETT RED HOUSEWIFE WASHINGTON DIST OF COL. U.S.A. 13. FATHER'S NAME offer 14. MOTHER'S MAIDEN NAME ROBERT HOY ELIZABETH HOY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT KENSTWGTON, MARYLAND 10409 PARKYDOD DRIVE MR. ROBERT none 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: 5 Minute IMMEDIATE CAUSE (a) DUE TO Arteriosclerosis ony Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PAIT IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? YES 🔲 Luerticul NO 🗖 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour o. fr. While Not while p. m. ot work 🗌 at work 192 Z that I last saw the deceased 21. I certify that I attended the deceased from... and that death occurred at 7 CUPM, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE Pia PHYSICIAN'S NAME (Type) (Y) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22g. BURIAL CREMATION. 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Mt. Olivet Cemetery Washington D.C. Dec. 18/57 Burdel 23. FUNERAL DIRECTOR'S SIGNATURE 246. REC'D BY REGISTRAS A 24b. REGISTRAR'S SIGNATURE DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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### FOR STATE HEALTH DEPT.

of director. Pogés of director. Pogés d for your files. Board of Health, funerol f delay may be r deoth.
2, mrd l
oge 5 m
ond 2 m Poge 1 I be executed with 24 hours ofter pendi in them 18. Give Pogus 1, 's Office along with form PM3. Ruriol-itonsit permit. File poges 1 pending" in penal in Its cal Examiner's Office al used as a burial-transit forwarded to DIRECTOR:

Shou FUN; 40 YS. ATSME

I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b.** COUNTY Marvland Mont Montgomerv MARYLAND b. CITY OR TOWN III outside corporate filmits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autide corporate limits, write RURAL and give negrest town) and give reasest town) Rockville Olnev d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS IS RESIDENCE ON A FARM? Ridgeway YES A NO TE Co. General Hosp. 3. NAME OF First M. ddla DATE Lasi Yeor OF Dec. (Type or print) DEATH Pine 1957 19 Harry Robert 6. COLOR OR RACE 9 AGE (In years 5. SEX 7. MARRIED THEYER MARRIED I B. DATE OF BIRTH IF UNDER TYPAR IE UNDER 24 HRS. lost birthday) Months Min. white WIDOWED m ale DIVORCED T 39 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OF INDUSTRY during most of working life, even if retired) 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? USA Salesman Fiberglas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Doris J. Bealmear Clifton R. Pine 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address III sets, those were or distanced versional No Police Record 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: sudden Coronary Occlusion IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gove rise to immediate couse DUE TO (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO G 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour While Nat while 6. m. p. m. at work of wark 21. I certify that I taak charge of the remains described above, held an Autapsy II. Inspection 🕝 , and in my opinion death resulted fram: Natural causes 50. Suicide ... Accident . Hamicide I. Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 12/19/57 Fra nk J. Broschart DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Slate) REMOVAL (Specify) 12/23/57 Maple Grove Granville, Ohio Bur. - Transit 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 24b. REGISTRAL'S SIGNATUR Robert A. Pumphrey-Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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EULIVA A. S.

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## FOR STATE HEALTH DEPT.

FIGUREPLITY MEDICAL EXAMINED This certificate should be mecuted within 24 bours ofter death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examination of office along with form PM3. Page 5 may be rewinded for your files. TO FUNY EDIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 3 should be used as durial-transit permit. File pages 1 and 2 with the 3 should be found of Health, at 18 designated agent, print to burial, cremation, or removal, and is any event within 22 hours after the state of the page 1 and 18 designated agent. 4 should

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12200

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	PLACE OF DEATH	ntgomery						sed lived If ins		ice before odmiss on)
<u> </u>	PiO	n ceomera		MARYLAN	D	Maryle	and	6. COU	Mon'	tg
. k	o. CITY Of TOWN (If	eutside carporate imits, with	e FURAL	C LENGTH OF STAY IN 1	c. (	CITY OR TOWN (I	f outside car	porate l'mits, wr	ite RURAL and	give nearest lown)
	"Bethe	SQ8.		4 hrs.	>	Rockvil	Lle R	FD # 1		
ı	. NAME OF HOSPITA	AL OR INSTITUTION (	If not in hose	oital, give street oddress)	, d.	STREET ADDRESS				e IS RES DEN LE
	Surba	n Hosp.			I	Piney Mee	eting !	House Ro	pad_	YES NO
	NAME OF DECEASED	Fir		Middle		Lest	4. DATE		onth	Day Year
	(Type or print)	frances	S	Plumme:			DEATH	Dec. 8	3, 1957	19
5. 5		6. COLOR OR RACE	7. MARRIE	D A NEVER MARRIED	B. DATE C	OF BIRTH		9 AGE (in years		YEAR IF UNDER 24 HRS
	female	white	WIDOWED	DIVORCED [	5/	10/1895		62 yr		Pays Hours Min
10a	USUAL OCCUPATIO	ON (Give kind of work of life, even if retired)	done 10b K	IND OF BUSINESS OR INDU	ISTRY 11.	BIRTHPLACE (Slote	or foreign			EN OF WHAT COUNTRY?
	Housewi	_			-	Mach D	0			JSA
13.	FATHER'S NAME				14. MC	THER'S MAIDEN	NAME			/ b/ fb
	Frank	k Sebring				Carrie	Hicker	nlooper		
15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. 5	OCIAL SECURITY NO. 17.	INFORMA	INT		Addr	P34	- American
	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		G	enre	e P. Pl	ummer	-Item#	2	
		TH [Enter only one cou	se per line f							INTERVAL PET WEEN
	PART 1, DEAT	H WAS CAUSED BY:	Resp	iratory Failu	re					ONSET AND DEATH
	9 1 TE	IMMEDIATE CAUSE (6)								
	Conditions, if an	DUE TO	Trai	cheo-bronchit	ie					.7 ,
	gave rise to immed	liote couse		01.00 01.0110111	12.5					4º hrs.
	(o), stating the u		D4	olo I consider and M	·	73 * .				
_ i	couse fost.	) (c)		chloride of M						
CERTIFICATION	PARI II, OIH	BESIGNINGANT CON	DITIONS CO	NTRIBUTING TO DEATH BU	I NOT RELA	TED TO THE TERM	INAL DISEAS	IE CONDITION (	SIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES THE NO
IF.	200. EXTERNAL CAU	SE WAS X 20	b DESCRIBE	HOW INJURY OCCURRED.	(Enter note	re of injury in Par	rt f or Part II	of item 18 )	<del>,</del> , .,	
2	PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING ES		a large quan					name toh	loto
3	20c. TIME OF INJUR	Y Month, Day, Yes	7 20d. II	NJURY OCCURRED 20e. P	LACE OF IN	JURY (Home, farm	w. 1201 /Cit	v or fawn)	(Cour	
MEDICA	7:00 0 m.	12/8/57 10	While	Not while fo	hom	it, office bldg., etc	(J)			. ,
2.	21 1	at I took about						kville		g. Md.
				emains described at			_			,
	opinion death	resulted fram: 1	Natural c	auses 🔲, Accident	<u> </u>	Suicide 🔼,	Homicide	L.J. Unde	termined m	anner 🔲
		7	12	4						DATE SIGNED
	ACTUAL SIGNATURE	sand !	1 12	without	MD	CHIEF MEDICALE	XAMINER [			DATE STORED
	EXAMINER'S T					ASSISTANT MEDIC	AL EXAMINE	et 🔲		
	NAME (Type)	rank J. Br	oscher	rt		DEPUTY MEDICAL	EXAMINER {	3	12/8/5	7
220	REMOVAL (Specify)	N. 226 DATE THEREO	F	22c. NAME OF CEMETERY C	R CREMAT	ORY	22d. LOCA	TION (City, low)	n, or county)	(State)
I	Burial	12/10/	57	Potomac Ch	Ce	m	Poto	mac. M	arvlar	ad
23	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			D BY REGIST		GISTRĂR'S SIGI	
Ro	obert A.	Pumphrey	-Beth	nesda, Md.		DATE	2/1/5	7 /20	asie m	Houten

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13383 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a COUNTY o. STATE **b** COUNTY MARYLAND Montgomen Maryland Montgomery the funeral shauld be-fi b CITY OR TOWN (if outside composate thatis, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 RURAL and give nearest town) R. F. D. # n Commentiews (Rurat Vrs. Germantown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO TA NAME OF First Middle Lost 4. DATE Month Year Day DECEASED OF DEATH AGNES MAE POSEY (Type or print) Dec. 12 19 -57 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Female. Months Colored Days Hours Jan. 28, 1888 death. WIDOWED FT DIVORCED | ē yrs. COMP 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housekeeper U. S. A. puo Maryland. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL William J. Proctor Mary Diggins emove 17. INFORMANT IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. Address Mrs Bernice Williams. Germantown, Mil. Route 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ä PART I. DEATH WAS CAUSED BY: 6 mos IMMEDIATE CAUSE (o) **DUE TO** ģ permit. Ony Canditions, if any, which (b) gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. **burial-transit** PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 remayal, PERFORMED? YES NO N 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f (City or town) (County) (State) Hour a. n. foctory, street, office bldg., etc.) While Not while ot work 🔲 al work p. m. 12-12, 1957, that I last saw the deceased 21. certify that I attended the deceased from. and that death occurred at\_\_\_\_\_ \_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL P NAME (Type) FUNER sage 3 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) (State) Bells Chapel. Dickerson, Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE

Rockville. Mi.

VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by the hospital or attending physician.	TO FUNERAL PIRECTOR: After this certifico has "=== signed by the attending physician and completely filled in by the funeral director,	page 3 st. be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 grang should be filed with	the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.
1	5 A	9/	55 55	}

	MAKT	LAND SI	AIE DEPAKIN	TENT OF HEALIF	I-BALTIMORE,	13371			
	13	280	CERTIFIC	ATE OF DEATH	ł	Reg. Dist. No.	773		
o. COUNTY	MONTGOMERY		MARYLAND	A STATE	TAND b. COUNTY		sion)		
RURAL ond	OWN (If outside corporate lim give nearest town) IMA PARK	its, write c. L	16 yrs.		outside corporate limits, write R	URAL and give nearest tow	n)		
OR INSTITU	HOSPITAL (If not in hospital, ITION  Cleveland Ave		rss)	5 Clevel	and Ave.	ON A	SIDENCE A FARM?		
NAME OF DECEASED (Type or print	9 120	ES	Middle EDGAR	PROV ANCE	4. DATE Mor OF DEATH DI		Yeor 19 57		
MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8 DATE OF BIRTH 6/7/95	9 AGE (In years lost birthday) 62 yrs.	Months Days Hours	ER 24 HRS		
during most Photogi		done 10b KIND ot High	of Business or Indi	g) Pennsylv		12. CITIZEN OF WHAT			
FATHER'S NA				14. MOTHER'S MAIDEN N Bessie F					
WAS DECEASED AND OF UNKNOWN	ED EVER IN U. S. ARMED FO	uervica)		informant rs. Florence R	. Provance, 5	Cleveland Av	e.		
lying cons coase (o)' done use	to immediate DUE TO	c) Clean	ESTA & PLAN RIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	Sellian in	PERFC	DRMED?		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19 WAS AUTOPSY PERFORMED?  20a, ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Not while of work of									
20c. TIME OF	INJURY Month, Day, Ye o. m. 19	While	Y OCCURRED 20e. P Not white of work	LACE OF INJURY (Home, form actory, street, office bldg., etc.	20f. (City or town)	(County)	(Stote		
21. I cert alive on actual signature	Station !	deceased f	7		ZM, from the couses of ADDRESS (Street, city or town,				
PHYSICIAN' NAME (Type	FRANCIS X. R	ICHARDS	ON	le list	Lugton !	7.			
BURTAL CR	MATION, 22b. DATE THERE (pecify) 12/13/57		. NAME OF CEMETERY O	TIL. CEMETERY	22d. LOCATION (City, town, ARLINGTON, 1	•	(e)		
Dawn	ECTOR'S AGNATURE IN C. Tump	hrey s	ADDRESS ILVER SPRIN	G, MD. 240. REC		STRAR'S SIGNATURE	Sod		
		V			- 7				



St. . N. W. Washington, D.C.

DATE 12-6-57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUILLYN K. 8

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MACEDAN

CERTIFICATE OF DEATH 13385 Rea. Dist. No. 04/6 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY b. COUNTY MARYLAND death. CITY OR TOWN (If outside/corporate limits, with c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest lown) pluous d NAME OF HOSPITAL (If not in hospital, give street address)
OBJUNSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO NAME OF Middle 4. DATE Month Day DECEASED OF DEATH (Type or print) SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Months Davs Hours WIDOWEDT DIVORCED [ 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Hodselai 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMAN Address 9151 CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN ond (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to **DUE TO** Canditians, if any, which gave rise to immediate **DUE TO** cause (a), sloting the underlying couse lost, CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 7 NO 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED [Enter noture of injury in Port I or Port II of item 18.] 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) foctory, street, affice bldg., etc.1 Hour o.m. While Not while at work at wark 21. I certify that I attended the deceased fram 4 December 19.57, to 9 December 19.57, that I last saw the deceased and that death occurred at 11.45 AM, from the causes and on the date stated above. 4. 19 5 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) iay be r FUNER 22a. BURIAL CREMATION. 22b. DATE THEREOP 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, of county) 15totel TEMOVAL (Specify) Temple Beth Israel Cemetery Burial Sharon, Pa. O 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 245 RECID\_BY REGISTRAR 246. PEGISTRAR'S SIGNATURE DATE 15M 9/55 2501

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DATE SIGNED

BUREAU V. S.

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No 222 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Filed 5: COUNTY ontgomery MARYLAND ofter death. ero CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 å c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest Jown) should d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Tariuha YES NO D NAME OF Middle 4. DATE Lost Month Day Yeor DECEASED OF within 24 Dec. (Type or print) DEATH KOCCO ک 19 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS completely last birthday) Months Days Hours WIDOWED | DIVORCED [ popers. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) puo lumbia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [If yes, give wor or dates of service] CAUSE OF DEATH [Enter only one cause per fine for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o): ONSET AND DEATH UDIA DUE TO ģ Conditions, if any, which guò gned gove rise to immediate ě. **DUE TO** cottse (o), stoting the underlying couse lost. buriof-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES NO F 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) D. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from and that death accurred at 10:557M, from the causes and on the date stated above. alive an 12-RECTOR: ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE HOSPITAL PHYSICIAN'S NAME (Type) FUNER CT. 220. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Marys Cemetery Washington, D.C. o 0 290 Poolenth S. Washington, The S.H. Hines TRO (NEC'D BY REGISTRAR -24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/55

# BUULLA V. S.

DEC 23 10%



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13376 2 13386 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** Reg. Dist. No. FAITH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY Poge b. COUNTY files. Health, Montg. Montgomery Marvland MARYLAND b. CITY OR TOWN (If ou side corporate imits, write RUPAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) your d of Silver Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) .d. STREET ADDRESS e IS REI DEN E ö ON A FARM 10200 10200 Day Ave. YES INO TA Day NAME OF Middle 4. DATE Manth DECEASED Dec. 11. 1957<sub>19</sub> Rogers (Type or print) Mabel M. DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE Illa years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours 19/84 WIDOWED T DIVORCED T 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Wash. D.C. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Francis Brahler Elizabeth Leimbach 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Mabel C. Rogers, Same as Item 2 No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] sudden Coronary Occlusion FART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420. **DUE TO** Conditions, if ony, which gave rise to immediate couse DUE TO (o), stoling the underlying couse last. FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part 11 of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e- PLACE OF INJURY (Home, form, i 20f (City or town) (County) (State) factory, street, office bidg., etc.) Hour o. m. White Not while at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection [7]. Inquiry X and in my orded I opinion death resulted from Natural causes 17, Accident 17, Suicide . Hamicide . Undetermined manner DATE SIGNED RE ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** 12/12/ 57 DEPUTY MEDICAL EXAMINER NAME (Type) Frank J. Broschart Shaul FUNS 220. BURIAL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 12 - 14 - 57Mount Olivet Cem Burial Wash. 3831 ADDRESS 24e, REC'D BY REGISTRAR 2,6. REGISTRAR'S SIGNAPUR Ga. Ave. A15ME

EULLIU V. S.

DEC ...

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page.

VS A15 (4) 15M 9/SS

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13337

**CERTIFICATE OF DEATH** 

13377

Reg. Dist. No.

MONTEGORETY  D. CITY OF TOWN, If equised scopported limits, write a CLENGTH of STAY IN 16 B. CITY OF TOWN, If equised scopported limits, write RURAL and give necessar flown)  Bethesda.  12 days  13 days  A STREET ADDRESS	1.	PLACE OF DEATH COUNTY					2 L	ISUAL RESIDENCE (M. STATE	Vhere	deceosed			ns Residen	ce before	o odmiss	ion)
b. CITY OR TOWN, If counted ecoparote limits, write BURAL and give nearest form)  Bethesda  A NAME OF CONTROL (If not in happio), give sirvet address)  The Clinical Center, Bathesda III, Md.  3 NAME OF CITY OR TOWN, If counter the counter of the			<b>y</b>			MARYLAND	11	0.0			b, t	M	omer	T		
d STREET ADDRESS  OR INSTITUTION  The Clinical Center, Bethesda 11, Md.  9301 Nilroy Place  OR A ARE OF HOSPITAL (If hos in begind, give street oddress)  The Clinical Center, Bethesda 11, Md.  Part   Mode  Foster   Jackson   Rowen   A DATE   Month   Day   Yes   No    Foster   Jackson   Rowen   A DATE   Month   Day   Yes    Foster   Jackson   Rowen   A DATE   Month   Day   Yes    Foster   Jackson   Rowen   A DATE   Month   Day   Month   Day   Yes    Foster   Jackson   Rowen   A DATE   Month   Day   Month   Day   Month   Day   Month   Day    Foster   Jackson   Rowen   A DATE   Month   Day   Month   Day   Month   Day   Month   Day    Foster   Jackson   A DATE   Month   Day   Month		b. CITY OR TOWN (If RURAL and give ne	outside corporate limit	s, write			(	CITY OR TOWN (IF	oulsi	de corpor	rote limit				rest fown	)
ON A FARMY The Clinical Center, Bethesda 11, Md. 9301 Mirror Place    ON A FARMY DECEASED   First   Model   Low   On A FARMY DECEASED   First   Model   Day   Very DECEASED   Foster   Jackson   ARE of Barrier   Day   Model   Day   Very DECEASED   Foster   Jackson   ARE of Barrier   Day   Model   Day   Very DECEASED   Foster   Jackson   April 7, 1896   Foster   Model   Day   Day						ys .	Х.	Bethesda								
The Clinical Center, Bethesda 11, Md. 9301 Milroy Place    December   Poster   Poste		OR INSTITUTION	AL (If not in haspitol, g	ive street o	(ddress)		1 .	d STREET ADDRESS						9	. IS RES	DENCE
DECEASED (Type or pirit)  Foster  7. MARRIED NEVER MARRIED  100 USUAN OCCUPATION (Give kind of work done)  100 EXCHANGE (Give or low)  100 PART I. DEATH WAS CAUSED BY.  100 USUAN OCCUPATION (Give kind of work done)  101 Due TO  102 Conditions, if any, which  103 OCCUPATION (Give kind of kind of kind of business)  103 OCCUPATION (Give kind of		The Clini	cal Center	Bet	hesda 1	4, Md.		9301 Milr	oy	Pla	Ce					
Top of print    Foster   Jackson   Rowen   DEATH   December   21   19 57	3. 1	NAME OF DECEASED	Fin	it	- 1	Middle		Last	4.			Moni	th	Day		leor
Male White WIDOWED DWORCED April 7, 1896 6174 Months Days Hour Min.    Dougland Occupation (Grow line of work done)   106 KIND OF BUSINESS OR INDUSTRY   11. BERHPLACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY Debugging most of working life, each of related)   12. CITIZEN OF WHAT COUNTRY   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCESS?   16. SOCIAL SECURITY NO.   17. INNORMANT The Medical Record Address   18. WAS DECEASED EVER IN U. S. ARMED FORCESS?   16. SOCIAL SECURITY NO.   17. INNORMANT THE MEDICAL RECORD Address   18. WAS DECEASED EVER IN U. S. ARMED FORCESS?   18. SOCIAL SECURITY NO.   17. INNORMANT THE MEDICAL RECORD Address   18. Maryland   18. CAUSED BY.		(Type or print)						Rowen			Dec	cembe	er	2	1	9 57
DIVOKED DIVOKE	5. 5	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER	MARRIED [	B. DA	TE OF BIRTH			9. AGE (	In years				
Detective  Is father's NAME  James David Rowen  Is was decased for the foreign of the state of t		Male	White	WIDOWE	D DIV	ORCED 🔲	A	pril 7. 18	396				Months	Days	Haurs	Min.
Detective  Investigation  Investigat	10a	USUAL OCCUPATIO	N (Give kind of work o	lone 10b 1	CIND OF BUSIN	ESS OR INDU	ISTRY	1). BIRTHPLACE (State	le or i	foreign co	ountry)		12. CI	IZEN OF	WHAT	COUNTRY?
13 FATHER'S NAME   14 MOTHER'S MANIE   14 MOTHER'S MAIDEN NAME   15 WAS DECASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT The Medical Record Address   18 CAUSE OF DEATH [Enter only one cours per line for (o). (b). and (c).   18 CAUSE OF DEATH [Enter only one cours per line for (o). (b). and (c).   18 CAUSE OF DEATH (Enter only one cours per line for (o). (b). and (c).   18 CAUSE OF DEATH (Enter only one cours per line for (o). (b). and (c).   18 CAUSE OF DEATH (Enter only one cours per line for (o). (b). and (c).   18 CAUSE OF DEATH (Enter only one cours per line for (o). (b). and (c).   18 CAUSE OF DEATH (Enter only one cours per line for (o). (b). and (c).   18 CAUSE OF DEATH (Enter only one cours per line for (o). (b). and (c).   18 CAUSE OF DEATH (Enter only one cours per line for (o). (b). and (c).   18 CAUSE OF DEATH (Enter only one course)   18 CAUSE OF DEATH (E).   18 C			ng me, even ir raitradj	I	nvestig	ation		Iow	ia:				U	. S.	A.	
15 CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)	13.	FATHER'S NAME					14	MOTHER'S MAIDEN	NAM	IE.						
15 WAS DECEASED FURE IN U. S. ARMED FORCES   16. SOCIAL SECURITY NO.   17. INFORMANT The Medical Record Address   18. Maryland   19.   1		James Dav	id Rowen					Nellie K.	В	alth:	is					
NO Unavailable The Clinical Center, Bethesda 11. Maryland    Be Cause of Death [Enter only one course per line for (a), (b), and (c)]   PART I. DEATH WAS CAUSED BY:   INTERVAL BETWEEN   ONSET AND DEATH	15				OCIAL SECURI	TY NO. 17. I	INFOR					rd Addr	e);			
18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   IVEY CIYLOSS WITH FATTY CAUSES   INTERVAL BETWEEN ONSET AND DEATH	(14		r yes. give more or our entire	· '	Unavail	able 1	The							Mar	rvla	nd
DUE TO  Conditions, if any, which gove rise to immediate cause (a), stoling the years  Individual to the significant conditions contributing to death but not related to the terminal disease condition given in Part 1(a) 19. Was autopsy performed?  Part II, Other Significant conditions contributing to death but not related to the terminal disease condition given in Part 1(a) 19. Was autopsy performed?  Performed.  Performed.		IB CAUSE OF DEA	TH [Enter only one co	usa per lin	o for (a), (b), or									INTER	RVAL BE	TWEEN
Due to  Conditions, if ony, which gove rise to immediate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION COUNTY IN PART I(o) OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTION COUNTY IN PART I(o) OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTION COUNTY IN PART I(o) OR CONTRIBUTION COUNTY IN PART II OF PA		PART I. DEAT	H WAS CAUSED BY:	Fiv	on Ci	on has		44	F	44.	06	[4 44 6				
Conditions, if ony, which gove rise to immediate cause (a), stoling the under lying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH II. EITHER, NOTIFY MEDICAL EXAMINER;  Co. TIME OF INJURY Month, Doy, Year 19. Mile of work of				Barra - W	Cr	A A. M. C.	2.42	- W 1 4 4 4	1	,,,, <del>,</del>		" ns		1	-180	13.16
gove rise to immediate cause (a), stoling the under- lying course lost.    Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?   YES ON ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)   20c. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)   20c. TIME OF INJURY Manith, Doy, Year Hour a. m.			u uktak V	T		-	4	Ruly		4. =		_			2 1.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO   200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While   Not while   10 work   01 work   01 work   01 work   01 work   02 work   02 work   02 work   02 work   03 work   03 work   03 work   03 work   04 work   04 work   04 work   05 work   04 work   05 work			mediale		Stor Ct.	15 6	-	Boll		1 (2	7 4 4	7			3010	<del></del>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?  20c. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item IB)  20c. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item IB)  20c. Time Of INJURY Medical examiners   19. While   19. More work			no under-													,
20c. TIME OF INJURY Month, Doy, Year Month, Doy, Month, Doy, Month, Month	z			OITIONS C	ONITRIBILITIALS 1	TO DEATH BUT	TOM	DELATED TO THE TERA	MINTA	DISEASE	COMPI	TION CIV		2 2/-> 20	16/40	LITORCY
20c. TIME OF INJURY Month, Doy, Year Month, Doy, Month, Doy, Month, Month	CATIO	PARI II, OII,	ER SIGNIFICANT CON	)(1)(0)(3 <u>(0)</u>	MATRIBUTING	IO DEATH BUT	11101	KELATED TO THE TERM	MHAW	r nisevse	CONDI	HON GIV	EN IN PAK	1 1(0) 119	PERFO	RMED?
20c. TIME OF INJURY Month, Doy, Year Hour a. m. 19 20d. INJURY OCCURRED While all work all wo	ERTIFI	20a. ACCIDENT WAS	UNDERLYING  CAUSE OF DEATH	20b. DESC	RIBE HOW INJ	URY OCCURRE	D (En	ter nature of injury in	n Pari	1 or Part	II of iter	n 18.)				
21. I certify that I attended the deceased from December 9. 1957, to December 21 19 57, that I last saw the deceased alive on December 21. 19. 57, and that death accurred at 1:20 AM, from the causes and on the date stated above.  ADDRESS (Street, city or fown, slate)  ACTUAL SIGNATURE  M.D. The Clinical Center 12-21-57  The National Institutes of Health Bethesda 11. Maryland  220 BURIAL GREMAHOM. 22b. DATE THEREOF 12/23/57  Edge Hill Cemetery Charles Town, W. Va.  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRE					HIEV OCCUPAT	D 20- BI	ACE C	AS INTROVENIA		ANI 15 1						
21. I certify that I attended the deceased from December 9. 1957, to December 21 19 57, that I last saw the deceased alive on December 21. 19. 57, and that death accurred at 1:20 AM, from the causes and on the date stated above.  ADDRESS (Street, city or fown, slate)  ACTUAL SIGNATURE  M.D. The Clinical Center 12-21-57  The National Institutes of Health Bethesda 11. Maryland  220 BURIAL GREMAHOM. 22b. DATE THEREOF 12/23/57  Edge Hill Cemetery Charles Town, W. Va.  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRE	DIC									ZUT (LITY	or lownj		(1	Lounly)		(Stale)
alive on December 21 , 19 57 , and that death accurred at 1:20 AM, from the causes and on the date stated above.  ADDRESS (Street, city or lown, slate)  DATE SIGNED  ACTUAL SIGNATURE  M.D. The Clinical Center 12-21-57  The National Institutes of Health Bethesda 11 Maryland  220 BURIAL GARMAHOM 22b. DATE THEREOF 12/23/57  Edge Hill Cemetery CREMATORY Charles Town, W. Va.  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  TO SURVEY OF CHARLES 24b. REGISTRAR'S SIGNATURE  ADDRESS (Street, city or lown, slate)  DATE SIGNATURE  22c. NAME OF CEMETERY OR CREMATORY CHARLES TOWN, W. Va.	W.															
ACTUAL SIGNATURE ADDRESS (Street, city or fown, slote)  ADDRESS (Street, city or fown, slote)  DATE SIGNED  12-21-57  The National Institutes of Health Bethesda 11, Maryland  220 BURIAL GASHATHOM, 22b. DATE THEREOF 12/23/57  Edge Hill Cemetery Charles Town, W. Va.  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS (Street, city or fown, slote)  DATE SIGNED  12-21-57  The National Institutes of Health Bethesda 11, Maryland  22d. LOCATION (City, fown, or county)  Charles Town, W. Va.				decease	d from De	cember	_2	, 19 <u>57</u> , 10 D	eç	empe1	r 21	1957	that I	last sa	w the	deceased
ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  M.D. The Clinical Center  The National Institutes of Health Bethesda 11. Maryland  220 BURIAL GREMATION. PZb. DATE THEREOF  REMODIAL (Specify)  12/23/57  Edge Hill Cemetery  23. FUNERAL DIRECTOR'S SIGNATURE (1) ADDRESS  TO A 249. REC'D BY REGISTRAR  246. REC'D BY REGISTRAR  ADDRESS (Street, city or lown, slote)  DATE SIGNED  12-21-57  The National Institutes of Health Bethesda 11. Maryland  (Stote)  (Stote)  Charles Town, W. Va.		alive on Dec	ember 21	_, 12,	57, and	that death	1 000	urred at 1:20	) A	۸, fram	the c	auses a	nd on t	he date	e state	d above.
PHYSICIAN'S Leon G. Smith, M. D.  The National Institutes of Health Bethesda Jt. Maryland  220 BURIAL GARMATION. 22b. DATE THEREOF 12/23/57  Edge Hill Cemetery Charles Town, W. Va.  23. FUNERAL DIRECTOR'S SIGNATURE. (1) ADDRESS  ADDRESS  TOWN 12/240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE.			1 0	0	- 4											
NAME (Type) LEON G. SHITH, M. D.  Bethesda II. Maryland  220 BURIAL GREMATION. 22b. DATE THEREOF 12/23/57  Edge Hill Cemetery Charles Town, W. Va.  23. FUNERAL DIRECTOR'S SIGNATURE. (1) ADDRESS  ADDRESS  T. A. C. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE.			in D.	2/m	ath.		MD,	The Clini	ca	1 Cer	nter				12-2	1-57
Name (Type)   Bethesda 11. Maryland		BHYSICIANIS T.	C C	. 25	D			The Natio	na.	l Ins	stite	utes	of He	salt	h	
REMONAL (Specific) 12/23/57 Edge Hill Cemetery Charles Town, W. Va.  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS # 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		NAME (Type)	on u. smit	l, M.	n.			Bethesda.	14	Ma	rylei	ad				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	22a		4 4 -	F					22				4.7			
		KENIENTH (Photografi)	12/23/5	7	Edge	H111	Cer	netery		C	har	les	Town	L, W	.Va	•
	23.	FUNERAL DIRECTORS	SIGNATURE J.W	Scel	ADDRESS	· th.	1-11	741 249. REC	C'D B	Y REGISTI	RAR 2	46 REGIS	TRAR'S SIG	SNATUK	2	

BUREAU V. S

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DEC . DEC

13283 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) o. COUNTY filed **b. COUNTY** MARYLAND death. erol b. CITY OR TOWN (If ourside corporate fimits, write RURAL and give prompt town) c. LENGTH OF STAY IN 16 c ,CITY,OR TOWN (if autside corporate limits, write RURAL and give nearest town) should d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle DATE Year DECEASED completely filled OF (Type or print) DEATH 19 🗇 S. SEX 6. COLOR OR BACE DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Months Days Hours WIDOWED I DIVORCED executed YEL 100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working the, even if retired) Own home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANI Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) deruma DUE TO ģ permit. any Conditions, if any, which paubis gave rise to immediate **DUE TO** 2. cause (a), stating the underpuo burial-transit lying cause last. ello-ellas peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO D 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) WEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20d, INJURY OCCURRED Day, Year 20f. (City or town) (County) (Slate) Haur g. m. factory, street, affice bldg., etc.) White Not while at work at work 21. I certify that I attended the deceased from 19.5.7. that I last saw the deceased at \$125PM, from the causes and an the date stated above. alive an that death occurred ACTUAL COLUMN TWO ā E ē PHYSICIAN'S NAME (Type) FUNER oge 3 220 BURIAL, CREMATION. 22ь DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) BURTAL (Specify) Cedar Hill Cemetery Prince Geo. County, Maryland Ó 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) DA 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ON A FARMS

Year

1957

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(State)

# BUREAU V. S



VS A15 (4) 15M 9/55 1

	1	339	CERTIFIC	CATE OF DEATH	•	Reg. Dist. No. 3/8			
PLACE OF DEATH O COUNTY Mont	gomery		MARYLAN	II o STATE	· b. COUNTY	anr Residence before admission)			
b. CITY OR TOWN (I RURAL and give ne	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fown)  Gaithersburg  d. NAME OF HOSPITAL (If not in hospital, give street a				utside carporate limits, write R	(URAL and give nearest town)			
OR INSTITUTION			(ddress)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?			
Asbury Methodist Home				Gaithersburg	Maryland	YES NO X			
NAME OF DECEASED (Type or print)	Margaret	rst	Emory Middle	Scott	4. DATE MOR OF DEATH DECE	1 11			
SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS			
Female	White	WIDOWE	DIVORCED [	December 16,	1870 87 7	Months Days Haurs Min.			
. USUAL OCCUPATION	ON (Give kind at wark	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State of	or fareign country)	12. CITIZEN OF WHAT COUNTRY			
House	ing life, even if retired wife	"	Dome	Tazwell.	Va.				
. FATHER'S NAME			21-1-	14 MOTHER'S MAIDEN N					
Tomes	Tivis Moor			Sarah W	. Caldwell				
			SOCIAL SECURITY NO. 17	NFORMANT	Add	reas			
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (I) Fyes, gave vido or didite of service)  (II) Fyes, gave vido or didite of service)  (III) Fyes, gave vido or didite of service)									
18. CAUSE OF DEA	INTERVAL BETWEEN ONSET AND DEATH								
PART 1. DEA	emideal								
157x	157X DUE TO 12 2								
Conditions, if o	ny, which )	hal	atual b	and de la company de la compan		12-4-57			
gave rise to in	gave rise to immediate								
	lying cause last.								
	IER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELADED TO THE TO MIL	nal disease condition giv	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO			
20a. ACCIDENT WA	20a. ACCIDENT WAS UNDERLYING   OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18 ) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c TIME OF INJUR Hour a. m	Y Manth, Day, Ye	ar 20d In While at work	Not while	PLACE OF INJURY (Home, farm, factory, street, affice bldg, etc	20f. (City ar town)	(County) (State)			
21. 1 certify that I attended the deceased from 7-11, 19.56, to 12-16, 19.57, that I last saw the deceased alive on 12-11, 19.57, and that death occurred at 1.389 M, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  ACTUAL  1.25 M. 1.25 M. 1.26									
	SIGNATURE ALLONG C. JULEAN M.D. THUS HOLDERY SILE COST NO LONGING 17/14								
PRINCIPLE (Specify)	12-14-	57	Wards	Chafel-	22d LOCATION (City, 10WP., Abollstoch, To	or county) (State)			
S. FUNTERAL DIRECTOR	s signature	4.6	Lythordle.	May. D PAG MEC'S	BY REGISTRAR - 246 REGI	STRAR'S SIGNATURE			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S.

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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	,	13284 CERTIFICATE OF DEATH  Reg. Dist. No. 773
	1,	PLACE OF DEATH a. COUNTY  2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY
		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  A KOINIL ARK AD
* <i>*</i> ")	r	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  ON A FARM?
	3.	NAME OF DECEASED  NAME OF Lost 4. DATE Month Day Year
	5.	(Type or print)  SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH  9. AGE (in years lift UNDER 1 YEAR IF UNDER 24/HRS. Months) Days Hours Min
	10	O. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE istate or foreign country)  12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
•	13	FATHER'S NAME (14. MOTHER'S MAIDEN NAME
1	100	THOMAS T. TAYLOR MARGARET A. WHITE  WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT  Address
		. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  ALOTS 5 BRIGGES 6600 7% SL. 71
		18 CAUSE OF DEATH [Enter only one couse per line for lo), (b), and (cl.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  LECTROPIC HEALT STREET  INTERVAL BETWEEN ONSET AND DEATH
		400.0 DUE TO with acute Congesting Failure / WEEK
		Conditions, if any, which gove rise to immediate coess (o), stating the under-
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
- h	TIFICAT	200 ACCIDENT WAS UNDERLYING TI 200 DESCRIPE HOW INJURY OF CHIRPED (Fines noture of injury in Port Los Port II of item 18.)
	CALCE	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	WEDS	Hour a.m.  p. m.  19 While of work of
		21. I certify that I attended the deceased from 1900, to 1900, to 1900, that I last saw the deceased alive on 1900, and that death accurred at 1900, from the causes and on the date stated above
		ACTUAR SIGNATURE SIGNED ACTUAR SIGNATURE SIGNATURE SIGNATURE M.D. SG81-421 MC ACTUAR 26-0
1		PHYSICIAN'S J. X. COUYTNEY MD Washington 11 DT 1
	27	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. ADCATION (City, town, or country) (State)
	23	ALL TELL - LOS - SECULOS - DECLOCAL CALL CALL MED.  REVINERAL DIRECTOR'S SIGNATURE ADDRESS - LOS CALL CALL CALL CALL CALL CALL CALL CAL
	1	well sort was flower that we House of the Thilly book Handy





## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13392 CERTIFICATE OF DEATH

13384 / 4 Reg. Dist. No.

١.	PLACE OF DEATH	ntgomery		MARYL	AND	2. USUAL RESIDENCE (WH	land	d lived If instituti b. COUNTY		lence before		ion)
	b CITY OR TOWN	If autside corporate limi	ts, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF o		prote limits, write 5				)
	Silver 8			10 yrs.		Silver Spr						
	d. NAME OF HOSPI	TAL (If not in hospital, o	ive street			d STREET ADDRESS	Tite				e. 15 RES	IDENCE
	8804 Col	esville Ros	ad			8804 Coles	ville	Road			ON A	FARM? NO 🔣
3	NAME OF DECEASED	Fir		Middle		Last	4. DATE OF	Mor	ith	Do		(epr
_		ATHERINE D.					DEATH	Dec. 13				9 57
	SEX		7. MARR	IED NEVER MARRIED	· 🗆 🍴	B DATE OF BIRTH		9. AGE (In years lost birthday)	Month	Days		
	female	white	WIDOWI		- 1	July 14, 1879		78 yn	· · · · · · · · · · · · · · · · · · ·	Days	Hours	Min.
10	o. USUAL OCCUPATE during most of wor	ON (Give kind of work a king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Slate	or foreign c	ountry)	12. 6	TIZEN C	F WHAT	COUNTRY?
	Homemake		<b>'</b>	Own Home		Federalsbu	rg. Me	đ.	1	J. S.	A.	
13	FATHER'S NAME					14 MOTHER'S MAIDEN N	IAME					
	John M.	Davis				Rhoda E. N	oble					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, II	FORMANT		Add	enS47	ver	Spri	ng. Mo
LT4	No or unknown)	(If yes, give won or dates of s	2/	9-09-8158D	Mi	ss Dorothy V.	Malh					
		ATH [Enter only one co	use per in		411.45	O DOLOGIS V.	301 4 4 6 7	JUL 110 , 000	, J.		ERVAL BE	
		ATH WAS CAUSED BY:		andre-		Mecomin	don-1-	a line		ON:	ET AND	
		IMMEDIATE CAUSE (o		1	. T	. /		20 - 00 24			£5	700
	Conditions, if o			Hera o. T.		- , , , , ,					7	
	gove rise to i	mmediate (D)		Toppera	and the	2211					4	
	couse (a), stating	the under-		(/4								
7	lying couse lost.	) (c	,									
2	PART III. QT	HER SIGNIFICANT CON	DITIONS C	//		NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN P	ART I(o) 1	9. WAS A	NUTOPSY RMED?
2			irl	eresile		the state of the s						NO P
CERTIFICATION	20g. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY OCC	CURREC	Enler nature of injury in f	Port i or Por	I II of item 18.)				
CAL	20c. TIME OF INJUI	Y Month, Doy, Yes	or 20d II	JURY OCCURRED 2	Oe. PLA	CE OF INJURY (Home, form,	, 20f (City	or town)		(County)		(Stote)
MEDICAL	Hour e.m.	19	While of world	Not while	foc	tory, street, office bldg., etc.	)			, , ,		, , ,
2		nat Lattended the		777 9		19 57 to /	2/13	19.52	7 <sub>that</sub>	L last so	w the	deceased
	alive an_/_	2/13/57	. 19	, and that d	leath	accurred at 9:30			and an	the da	ta stata	d above
	,	1						reet, city or town,		me ad		TE SIGNED
	ACTUAL SIGNATURE	Gellran	2	ling		n.o. 962	66	lesvel	e.	R8	12	119/5
	PHYSICIAN'S NAME (Type)	TILIAM D. A	LUD			Lele	u c	Horm	4	, Tu	<i>(</i> )	
	BURIAL, CREMATIC	N, 226. DATE THEREO	F	22c. NAME OF CEMETE	ERY OF	CREMATORY	22d. LOCA	NON (City, Iown,	county	, 7	(Stote	)
,	Burial	Dec.16,19	957	Cedar Hil	1 C	emetery	Suit	land'. Mar	vlar	rd'		
24	FUNERAL DIRECTOR			ADDRESS		240. REC'I	BY REGIST				* 1	
X	names a	, WINDER	Les	Silver Spr	ing	, Md. DATE C	112	7	an.	. (	Tal	Gn.
=									arec	10-		4

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T. T. W.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEGENAED AND SAME

MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please	1
e certificate, writing the word "penging" in pencil in tem, 18. Give Pages 1, 2, and I to the fusical director. Page m	t/F
Forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.	<del>/</del>
DIRECTOR: Page 3 should be used as a burial-transis permit. File pages 1 and 2 with the Signational of Health,	, R
, prior to buriol, cremation, of removal, and in any event within 72 hours after de	1 ST
	TATO

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13285 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	3	3	8	6	
			-	IN	3

Reg. Dist. No.

1,	o. COUNTY Montgomery	MARYLAND	o. STATE Maryle	there deceased lived. If instead b. COUN		
	b. CITY OR TOWN (1 ou side cerporote in ts, write RURAL c. LENC end give regressional Park	6 yrs	CITY OR TOWN (IF	outside corporate I mits, wri	te RURAL and give	nearest lown)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give 7708 Takoma Ave.	streat address)	o STREET ADORESS	oma Ave.		e IS RESIDEN E ON A FARM? YES TO DE
3.	NAME OF DECEASED W. Wallace Smit	Middle h	Losi	4 DATE MOI O! DEATH Dec.	28,1957	Year 19
5.	SEX 6 COLOR OR RACE 7 MARRIED NI NI WIDOWED	EVER MARRIED . 8. I	12/2/1890	9 AGE (In years lost berthday) 67 yes	JE UNDER TYEAR Months Days	Hours Min.
10	o USUAL OCCUPATION (Give kind of work done 10b KIND OF I during most of working life, even if retired)  AUGILOR  GOV. A	cc. Office	Pa.	or foreign country)	12. CITIZEN C	OF WHAT COUNTRY?
13	. FATHER'S NAME Miles Smith		14. MOTHER'S MAIDEN N. Alice Fa	ame ernsworth		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S  (I) yes, g vo war or dotes of service)	9-1464 A		Same as Item		
	18. CAUSE OF DEATH [Enter only one couse per I ne for (e), (b) PART I. DEATH WAS CAUSED BY: MASSIVE P IMMEDIATE CAUSE [e)		aboli		INI	sudden
	M DUE TO	l Thrombo-p	phlebitis		1	?
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS Trans prethral operat	NG TO DEATH BUT NO	A 4	NALDISEASE CONDITION O		— dudul .
CAL CERTIFICATION	CAUSE OF DEATH. Was pedes	trian struc	er nature of injury in Port Ck by truck E OF INJURY (Home, form,	t 20f (City or town)	(County)	(Sto+e)
MEDICAL	9:45 a.m. 11/12/5719 While of work at work at	work St	reet	Danville	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Pa.
	21. I certify that I took charge of the remains opinion death resulted from: Natural causes				], Inquiry [_ termined monn	, ond in my er
	ACTUAL SIGNATURE FROM J BASSET	lant	M.D CHIEF MEDICAL EX			DATE SIGNED
	EXAMINER'S NAME (Type) Frank J. Broschart		DEPUTY MEDICAL E	Total Control	12/29/	57
22 1 R	O. BURIAL, CREMATION, 276 DATE THEREOF 22c. NAM	ROSEMONT CI	- 1	BLOOMSBURG,		(Stote)
23 Z	L'austre & Tumphrey SI	LVER SPRING	G, MD. 240. REC'D	N 2 1958	SISTRAR Y SIGNATU	A. Il.

BUTEAU V. S.

JUIECE,

CERTIFICATE OF DEATH

13387/6

			554	CE	KIIFIC	ATE OF DEA	Ш		Reg. Di	st. No.	0	216
1. PLACE OF b. COUN	TU	gomery			MARYLAND	2. USUAL RESIDENCE ( STATE Virginia	Where decease	d lived. If institut b. COUNTY	ion: Resider	nce before	e odmiss	ion)
ь. CITY C RURAL	OR TOWN (If	autside carporote lim	its, write	c. LENGTH OF		c CITY OR TOWN (	if outside corpo	orate limits, write l	RURAL and	give near	est lowr	1)
Bethe	sda.			43 d	ays.	Alexandri	R.		,			
d. NAME OR IN	OF HOSPITA STITUTION Linica	L (If not an hospitol, and the contert of the contert of the contert of the contert of the content of the conte	Beth	oddress) lesda 14	, Md.	d. STREET ADDRESS		Street			ON A	FARM?
3 NAME O	F	Fi			Aiddle	Last	4. DATE	Mo	n#h	Day		Yaor
(Type or		Lyn	ne		Ruth	Sparks	OF DEATH	Dec	ember	10	).	19 57
5 SEX	1	6. COLOR OR RACE	7 MARI	RIED NEVER A	AARRIED [	B. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER	1 YEAR II		
Fenal	Le	White	WIDOW	ED DIV	ORCED _	October 12.	. 1915	142 yrs	Months	Days	Hours	Min.
10a USUAL	OCCUPATION	(Give kind of work	done 10b.	KIND OF BUSIN	ESS OR INDU	STRY 11. BIRTHPLACE (SIG	ate ar fareign c	country)	12. CII	IIZEN OF	WHAT	COUNTRY
House	wife	.,	<b>'</b>	None		Missour	i			U. S	. A	
13. FATHER'S						14 MOTHER'S MAIDE	N NAME					
Rober	rt Hofs	tetter				Paula M						
(Yes, no or unli		IN U. S ARMED FOR yes, give wor or doten of it		SOCIAL SECURIT	Y NO. 17	INFORMANT The M						
No			Unas	certain	able	The Clinica	1 Cente	r, Bethe	sda 1	ı, Ma	ryl	and
		H [Enter only one co										TWEEN
,	PARI 1. DEATH	I WAS CAUSED BY: MMEDIATE CAUSE (c	, Va	ntricul	ir fibr	illation				14	day	y s
*	*0.7	DUE TO			0 11	2 01 1					1	
	itions, if ony		, Ca	reinoma	of the	left breast	<u></u>			1	2 Y	rs.
Couse	(a), stating th		<b>&gt;</b>									
	couse lost.	) (<				-						
CERTIFICATION ON CONTRACT OR C	PART 17 OTHE	R SIGNIFICANT CON	IDITIONS C	CONTRIBUTING T	O DEATH BUT	T NOT RELATED TO THE TER	RMINAL DISEAS	E CONDITION GI	VEN IN PAR		PERFO	AUTOPSY RMED?
20a, AC OR CON (IF EITHI	CIDENT WAS NTRIBUTING E ER, NOTIFY M	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b DES	CRIBE HOW INJU	JRY OCCURRE	D (Enter noture of injury	in Part I or Par	t II of item 18.)				-
	E OF INJURY	Month, Day, Ye	While	NJURY OCCURRE Not white t of work		ACE OF INJURY (Home, fo clory, street, office bldg ,		y of lown)	(4	County)		(Stote)
21. 1 c	ertify the	I attended the	deceas	ed framQ	ctober	28 . 19 57, to_	Decemb	er 1019 5	7. that I	last sav	w the	decease
alive		ember 10	, 19	57, and	that death	occurred at 1:3	Op M. frai	m the causes	and on t	he date	e state	ed abay
	of			,				treet, city or town,				ATE SIGNE
SIGNAT	URE / CUL	urence	Hel	laction		M.D. The Cl	inical	Center			12/	10/5
PHYSICI NAME (	AN'S LA	WRENCE SC	HLACH	TER, M.	D.			itutes of Maryland	Hea.	Lth		
		226 DATE THEREC	)F ,	22c NAME OF	CEMETERY	OR GREMATORY		TIONY (City, fown,	or county)		ote الكان	e)
Buch	AL (Specify)	12/13	157	Varl. 7	Title.	Cemeling	ai	lingto			4	
23. FUNERAL	DIFFECTORS	SIGNATURE	1	ADDRESS	1.	1) CR 240. RI	EC'D BY REGIST	TRAR 246. REGI	STRAR'S SIG	GHAPURE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 moy be catoined by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 declarated for use as the burial-transit permit. Then please remove carbon papers. Pages 1 declarated for use as the burial transit permit. Then please remove carbon papers. Pages 1 declarated for use as the filed with the registrar prior to burial, cremation, at removal, and in any event within 72 hours afforded.

S'A MILES

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Montgomery be filed FAITTAX Virginia MARYLAND erol b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimils, write RURAL and give nearest town) RURAL and give nearest town) should Bethesda days Annandale d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 906 West Estabrook Drive The Clinical Center. YES NO T NAME OF Middle 4. DATE Year Filled DECEASED DEATH (Type or print) David Lee Sprague December 19 IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Hours WIDOWED [ DIVORCED [7] Male White December 30 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Student Virginia U. S. A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lee N. Sprague Mary Lowe 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT The Medical Record Address The Clinical Center, Bethesda 14. Ne Maryland None CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 16 x 101412 DUE TO à in ony Conditions, if ony, which gave rise to immediate DHE TO couse (a), stating the underbug lying couse fost. CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED IEnter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c TIME OF INJURY Month 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or Igwn) (County) (Stole) foctory, street, affice bldg , etc.) Hour a.m. While Not while at work at work 21. I certify that I attended the deceased from December 1 December alive on December and that death accurred ata M, from the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED DIRECT ACTUAL SIGNATURE The Clinical Center å 12-5-57 P The National Institutes of Health PHYSICIAN'S John A. Waldhausen, M. D. Bethesda lu. Maryland NAME (Type) FUNEF 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town or county) pode Buremoyarepersit 12/6/57 Floral Gardens Highpoint, N. Carolina 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TO BETT A. Pumphrey-Bethesda, Maryland 246 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) DATE/2-10-5 windraws

death?

executed within

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MAGES A.

BUREAU V. K.

760 CU 1957

**CERTIFICATE OF DEATH** Reg. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND ero b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest laws should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Month Doy Year DECEASED OF DEATH (Type or print) 19 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS iost b rihday) Months Doys Hours Min WIDOWED DIVORCED [ popers. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11/8/RTHPLACE Hoge or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Maly puo corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 physici **TOVE** 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 IMPORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 70 PART I. DEATH WAS CAUSED BY: permit. Conditions, if any, which Gny gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? burial YES 🗔 NO. 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) certificate MEDICAL 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work 21. I certify that I attended the deceased from May ., 192 Z, that I last saw the deceased and that death accurred at 9:30h M, from the causes and an the date stated above. plive an ADDRESS (Street, city or town, state) DATE SIGNED DIRECT **ACTUAL** SIGNATURE D PHYSICIAN'S 10 NAME (Type) FUNER 220. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) ò Prospect Cêmeterb ULLA 9 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24m REC'D-8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1756 10 DIN 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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death.

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Zeat of C.

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13398 CERTIFICATE OF DEATH

13391 Reg. Dist. No. 216

1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND	2 USUAL RESIDENCE (Where deceased lived. (f institution: Residence before admission) of STATE b. COUNTY   Montgomer;							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Suburban Hospital	d STREET ADDRESS 4705 Highland verue  6. IS RESIDENCE ON A FARM? YES NO 13							
3. NAME OF DECEASED (Type or print) .ildred Harriette	Terry 4. DATE Month Opy Year 77							
resale hite WIDOWED TO DIVORCED	B. DATE OF BIRTH  December 29, 1397  9. AGE (In yeors left included)  Months Days Hours Min.							
100 USUAL OCCUPATION (Give kind of work done) during most of working life, even if refired)valled Government Serv								
James korgan Davies	Mary Ann Smith							
(Yes, no. or unknown)	bel A. Davies (Sister) Same							
18. CAUSE OF DEATH [Enter only one couse per line for (b), (b), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  C)  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BILL	INTERVAL BETWEEN ONSET AND DEATH 3.6 HR.)  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY							
200 ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PL	PERFORMED? YES NO D  (Enter nature of injury in Port I or Port II of ilem 18.)  ACE OF INJURY (Hame, form, 20f. (City or town) (County) (Slote)  tory, street, office bldg , ell.)							
ACTUAL CONTRACTOR	ADDRESS (Street, city or town, stote)							
270. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 12/26/57 Arlington N 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS								
Robert A. Pumphrey-Bethesda, Md.	012-24-59 Bersie No thimpron							

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DEC 87 195.

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DEC 1 . 7'

OF AUTOES!

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 13400 Red. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a COUNTY District of Columbia MARYLAND Montgomery b CITY OR TOWN (If outside corporate limits, write Funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) å RURAL and give nearest town) D 8 hr. 15 min. Washington Bethesda (Rura] d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION
U.S. Naval Hospital, Bethesda, Md. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 102 Irvington Street, YES NO NAME OF DECEASED Middle 4. DATE Month Doy Year 57 (Type or print) THOMAS DEATH December Mary nmn 19 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years campletely lost birthday) Doys Female White WIDOWED I DIVORCED | December papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. Maryland pup None 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Patricia Ann Fox physici Bernard Joshua THOMAS. Jr. IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Father) Bernard J. Thomas, Er. (Same As #2) None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH <u>a</u> PART I. DEATH WAS CAUSED BY: te lectorsis IMMEDIATE CAUSE (a) DUE TO څ Ė Ony Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES INO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) certificate WEDICAL 20c TIME OF INJURY Month 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour Not while at work of work 21. I certify that I attended the deceased from 5 December 57, to 5 December 19 57, that I last saw the deceased glive on 5 December and that death accurred at 10:15AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) U.S. Naval Hospital, Bethesda, Md. 12-6-57 PHYSICIAN'S Adam G. Thorp, Jr.LT.MC.USN U.S. Naval Hospital, Bethesda, Md. FUNER 220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or county) (State) REMOVAL (Specify) Arlington, Virginia Arlington Natl Cemetery 12/11-57 Burial FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE Wisconsin Ave., Bethesda, Md. DATE 12-6-57

death.

DE CENTRE

13394 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) D. COUNTY filed 1 6. COUNTY MARYLAND death. o d b. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 15 c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give negrest town! hould d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION A STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 17 NAME OF 4. DATE Middle Month Year Day DECEASED (Type or print) DEATH 10 🗸 5. SEX 6. COLOR OR RACE 9. AGE (In years lost birthday) IF UNDER LYFAR IF LINDER 24 HPS 7. MARRIED T NEVER MARRIED 8 DATE OF SIRTH Months Doys WIDOWED I DIVORCED | 100 USUAL OCCUPATION (Give kind of work done tob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sidie or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired LANSBURGUS 13. FATHER'S NAME 106501 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) **DUE TO** HEART FAILURE Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the under-GEROTIE CARDIOVASCULAR DEEKE lying cause fast. burial-transil PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 189, WAS AUTO-PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DO CAUSE OF DEATH (IF EITHER, MOZIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) While at work 30 192 Zthat I last saw the deceased 21. I certify that I attended the deceased from. 1927. 10 and that death occurred at 6 FeM, from the couses and on the date stated above. ADDRESS (Street, city or lown, state) **ACTUAL** SIGNATURE NAME (Type) TO FUNER 63 224. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) **FUMERAL DIRECTOR'S SIGNATURE ADDRESS** 24a, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE MIALDOR DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3 'A C' ...

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		13402 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 214
HEALTH DEPT.	-	
9 0 0 0	1. 3	COUNTY I A A LOCALITY
图 景色		MARTANO MAS MOLY
E E E	'	and give register town)
y det		Silven Spring 2 mo blelier spring
de dir	,	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
erol of the control o	Į.I.	Murley Horring Homes 14511 Colleville Ref 185 NOB
dea dea		NAME OF Lost 4. DATE Month Day Year OF Type or print)  A DATE Month Day Year OF Type or print)
the the	5. 5	- The man
7 0 0 E P	3	1 fost birthdoy) Manthy David Maria Min
1 2 2 B 2 B 2 B 2 B 2 B 2 B 2 B 2 B 2 B	`	finale white WIDOWED DIVORCED 14/8-1909 48 411
Tage of	100	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12 CIT ZEN OF WHAT COUNTRY (Interpretation of the country)
3	1	Grantine nurse as 3a
P. S. S. S. F.	13,	FATHER'S NAME
Page 1		Willeam Decker Catherin Martin
E SE	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address
8 8 1 E		no Mr. Naring Home Records
E SE SE		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]
fem form		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Com any Otolics Sudden
Se		LL. a C. s. / DUE TO
第1章 英子 長		Conditions, Il any, which ) the Steeper to the
To Service and Ser		gave rise to immediate course
o o o		(c), stating the underlying sput to
and	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
Endi Findi Sed	¥	PERFORMED?  YES NO
性である。	125	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
S E E	ä	PRIMARY Der CONTRIBUTING D
The	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
五 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	MEDI	Haur o. m. While Not while factory, street, office bldg., etc.); p. m. 19 at work at work
Page Page		23. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		opinian death resulted fram; Natural causes K., Accident, Suicide, Hamicide, Undetermined manner
10 10 10 10 10 10 10 10 10 10 10 10 10 1		ACTIVAL AT A B A DATE SIGNED
Fort		SIGNATURE STEERLY LA CORNACT M.D. CHIEF MEDICAL EXAMINER
₹ 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		EXAMINER'S TO ALLE TO BE NOT TO STATE OF THE
0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-	NAME (Type) MAN I DEPUTY MEDICAL EXAMINER B
State of Sta	270	BURIAL CREMATION. 276 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county)
5 4 5 0	Q	surroul your 11/8 / nocknown con 100 long to 11/91
V\$. A15ME	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240 REGISTRAND 246 REGISTRAND SIGNATURE
5M 2/57	4	1010 and 18 www. org. OATH BELL 10173/ EST TOOK
		Francio Fattir

BIN THE SEC. SEC.

Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o star District of Columbia c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO NO Year Doy 1957 Dec. IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Hours yes. 12. CITIZEN OF WHAT COUNTRY? S. Mary Ann Milford Washington. D. INTERVAL BETWEEN ONSEL AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. PERFORMED? YES NO N 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) [County] (Stote) 12-13, 1957, that I last saw the deceased Z\_, and that death accurred at 6 PM, fram the causes and an the date stated above. DATE SIGNED 22d LOCATION (City, town, or county) (Stote) Washington,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DECEIVED TO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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13286 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH O COUNTY MUNTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a STATE b. COUNTY								
b, CITY OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN 16	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
RURAL and give nearest town TAXOMA PARIC, MO	WASHINGTON 47x ?								
d NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE								
JASHINGTON SANITARIUM + HOSPITA	3620 KANAWHA ST. NW YES NO D								
3. NAME OF First Middle  (Type or print) FRANIC COVER	LIPDIKE OF DEATH 12 28 1957								
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
MALE WHITE WIDOWED DIVORCED	1-28-95 (ast birthday) Months Days Hours Min								
during most of working life, even if retired)  "GOVERNIZENT CLERK Retired Chie	ISTRY 11) BIRTHPLACE (State or foreign country)  VIRC INIA  AMERICA								
BYRD UPDIKE Miscellan	OBUSOTHER'S MAIDEN NAME MARY LEACH								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (1/6s. no. or unknown) (1/1 yes, give wor or dotes of pervice)	HOSPITAL RECORD								
18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c), ]	INTERVAL BETWEEN								
PART & DEATH WAS CAUSED BY: Hypostatic	Premuonea onset and death								
416 X DUE TO +	$\rho \mapsto \pm \cdot \rho$								
Conditions, if any, which gave rise to immediate (b) Congestive Cardeal Tailure Que week									
cause (a), stating the under DUE TO Heart Disea	ise-Phennatic ? years								
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq \text{ NO } \subseteq \)								
	D. (Enler nature of injury in Part I ar Port II of item 18.)								
20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e Pl fo work p. m. 19 st wark at wark	LACE OF INJURY (Hame, form, clary, street, affice bldg., etc.) (City or tawn) (County) (State)								
21. I certify that I attended the deceased from 7-14-	57, 19 , to 12-28 , 1957, that I last saw the deceased								
alive on 12 - 27 - , 1957 , and that death	h accurred at 4:05HM, from the causes and on the date stated above								
ACTUAL Robert astar	MD. Takoina Park, Md 11-12-8/5								
PHYSICIAN'S ROBEYT A. HARE	·								
Burial, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY C Burial 12/31/57 Arling to n	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
BUT181 12/31/57 Ar11ng ton 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	National Com. Arlington, Virginia								
S. W. Homes Co 2901-14 BST N.W. U	Est., U.C. DATE - DATE - DATE								

BUREAU V. S.

DEC 30 1825

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VS A15 (4) 15M 9/55 I

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	31016	DEI WEIMER	II VI IILALIIII	MEHMIORE, 10
	MOV A.	A WIT MAAN	3 0 00 FD -L	
	I T.O.M	Q 8"   M(+223)	17= 11=5 / PT.	
	L GUIL		TE-10-11 CO	

13404 Item 9 FilmG223 12-30-57 et CERTIFICATE OF DEATH

13398 Reg. Dist. No. 215

. PLACE OF DEATH	Montgomery	I o. STATE	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY								
b. CITY OR TOWN	N (If autside corporate limi	ts, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest town)						
Bethesda	(Rural)		6 mos.15 da	ys I	Laurel				, 4	· ·	
d. NAME OF HOS	SPITAL (If not in hospital, g	ive street	oddress)	d. STREE	T ADDRESS					RESIDENCE	
	Hospital,	Bethe.	sda, Marylan	d Ro	oute #2					S ON OS	
3. NAME OF DECEASED	Fir	11	Middle		Lost	4. DATE	Mon	th	Day	Year	
(Type or print)	John	1	Wesley	URI	BAN	OF DEATH	Decemb		16	1957	
5. SEX	6 COLOR OR RACE	7. MARR	IED MEYER MARRIED	B. DATE OF B	RTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF U	INDER 24 HRS.	
Male	White	WIDOWE	DIVORCED	]   10 Fe1	ruary	1888	68 69 m.	Months	Pays He	Min,	
100 USUAL OCCUPA	TION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS OR II	NOUSTRY 11. BIRTI	IPLACE (Stole	or foreign c	ountry)	12. CITIZ	EN OF W	HAT COUNTRY?	
Mariner	- County III.e, Gran II railreo		S.Navy (Reti	red)	Pennsyl	vania			U.S.		
13. FATHER'S NAME				14 MOTHE	R'S MAIDEN N	IAME					
John L. U	RBAN			Mary I	HILER						
15. WAS DECEASED!	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	7. INFORMANT			Add	rest			
Yes	WW-I&IL	57	7 42 3715	Wife) Car	olyn M	. URB	AN (Same	As #2	)		
PART I. I  33 4 X  Conditions, i gove rise to couse (o), stori lying couse to PART II  OR CONTRIBUTI (IF EITHER, NOT	OTHER SIGNIFICANT CON  WAS UNDERLYING  NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	DITIONS C	EFFERE CONTRIBUTING TO DEATH	JRRED. (Enter notur	TO THE TERMI	Part Lor Par	E CONDITION GIV	ular urllar use EN IN PART	CARL 10) 19. W	AS AUTOPSY REFORMED?	
20c. TIME OF IN	m. 10	or 20d. It White of worl	Not while	<ul> <li>PLACE OF INJUR factory, street, of</li> </ul>	fice bldg., etc	1	r or town)	(Co	unty}	(State)	
21 I certify alive on 1.  ACTUAL SIGNATURE NAME (Type)	that I attended the December  Morris H. Le	-14.	ed from 1 June 57 , and that de	M.D. U.S	Naval	M, fran	n the causes o	and on the	date s	the deceased tated above.  DATE SIGNED  12-16-57	
	TION, 226. DATE THEREC	)F	ZZc. NAME OF CEMETER	RY OR CREMATORY		224 LOCA	TION (City, Iown, o	or county)	-	(Stole)	
REMOVAL (Spec	12-18-57		Arlington N	atl.Ceme	tery	Arli	ngton, Vi	irginia	a		
23 FUNERAL DIRECT	man OH VIII	orgia	ADDRESS Ave.,Silver		240. REC'		TRAR 24b AND ST	STRAR'S SIGN	NATURE	1)	
										anacel.	

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		MAKYLAI	ND STATE DEPARTM		-BALTIMORE, 18	19900
e 143	3	tens 11 & 14 G224 1/6/	法 Sin CERTIFICA	ATE OF DEATH	Reg. Di	st. No. 215
led with	1.	PLACE OF DEATH  . COUNTY  Montgomery	MARYLANO	2. USUAL RESIDENCE (Where o. STATE Virginia	n deceased fived. If institution Resider b. COUNTY	ice before admission)
2 ( M )		b. CITY OR TOWN (If outside corporate limits, wi RURAL and give nearest town) Bethesda (Rural)	ile c tength of stay in 16 12 hr . 30 min.	c. CITY OR TOWN (If outs Portsmout	ide corporate limits, write RURAL and	give nearest fown)
2 should		d NAME OF HOSPITAL (If not in hospitol, give as OR INSTITUTION  J.S. Naval Hospital, Be		d. STREET ADDRESS 4314 King	Street,	o. IS RESIDENCE ON A FARM? YES NO (2)
*	-	NAME OF First DECEASED (Type or print) Harol	Middle	AN HOOSE	DEATH December	Doy Year 17 19 57
s. Poges				e date of eight 21 November 19	lost birthdoy) Months	Days Hours Min.
Sorbon papers.	10:	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  JeS. Government	106. KIND OF BUSINESS OR INDUS State Department	tehhelytak	A Kentucky	U.S.
		FATHER'S NAME GEORGE VAN HOOSE			hethe/Juhikholdhil)	Mary Witten
or remove 72 hours	(1)	WAS DECEASEDEVER IN U. S. ARMED FORCES?  (If yes, give wer or dates of service)  Yes WW-II		nformant fe) Sadie M. V	AN HOOSE (Same As	#2)
Then pleo		18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO	Hemorrhage	2, Subarachi	, , , ,	INTERVAL BETWEEN ONSET AND/DEATH
d in ony		Conditions, if any, which gove rise to immediate couse (o), stoling the under-lying couse lost.	Hypertensive	Natterial	BENEYN C	7 YEARS
iol-transi	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSI PERFORMED? YES M NO
the bur		200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	CEnter noture of injury in Por	t I or Port II of clem 18.)	
emotion	MEDICAL	Hour o.m. v	Od. INJURY OCCURRED 200. PL While Not while for twork of work	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f (City or town) (	County) (State
toched for buriol, cr		21. I certify that I attended the decalive on 16 December		accurred at 12:30A	December 19 57, that I M, from the causes and an topess (Street, city or town, state)	
id   de		SIGNATURE 1. 13. An	7		Iospital, Bethesda	
agistrar egistrar	22	PHYSICIAN'S W. B. INGRAM, C. BURIAL, CREMATION, 226 DATE THEREOF	DR, MC, USN		Tospital, Bethesda	, Md . (Stote)
poge the re	284	REMOVAL (Specific) BOY 181 12-20-57 ENTER LEMESTOR'S SIGNATURE	Private Cemet	ету	Portsmouth, Virg	inia
5 (4) 1/5S	伍	A. Pumpherey, 7557 Wise	consin Ave., Bethe			6. renel

DEC ~

VS A15 (4) 15M 9/55

		13400	CERTIFICA	ATE OF DEATH	ł	Reg. Dist, I	134111)					
ň.	7, (	PLACE OF DEATH 6. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Montgomery								
•		b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest fown) Kensington	c. LENGTH OF STAY IN 16	e. citt of fown if a	ultide corporate limits, wr	ite RURAL and give						
			anitarium	5618 Lamas	r Road		e. IS RESIDENCE ON A FARM? YES NO T					
	1 1	NAME OF First DECEASED (Type or print) Charles	Middle Walter	Vuncanon.	4. DATE OF DEATH Deci	Month ember	Oay Year 119,57					
	5 s	sex 6. color or race 7. marr The white widowe	The Property of the Parkets of the P	8. DATE OF BIRTH [ULY 12, 1870	9, AGE (In ye							
1	R	. USUAL OCCUPATION (Give kind of work dane) 10b. during most of working life, even if refired)  Let.—Lumberman  FATHERS NAME	o. Pine Lumb		r Indiana	12. CITIZEN US	A OF WHAT COUNTRY?					
		Wm. H. Vuncanan  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  Address  Address										
		NO Martha Reixach-Item# 2  18. CAUSE OF DEATH [Enter only one couse per Time for (o), (b), and (c),]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Villund Officialist Cause Death  ONSET AND DEATH  ONSET AND DEATH										
7	)	Conditions, if any, which gave rise to immediate couse (a), stoting the under-lying cause last.	mitesteli	Carcan	ome- Vh	efite.						
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(o	PERFORMED? YES NO					
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. In Hour a. m. 19 of world at world and world	Not while for	ACE OF INJURY (Home, form tary, street, affice bldg., etc	20f. (City or town)	(Coun	ly) (State)					
		21. I certify that I attended the decease alive an 12-1,195	mer of the	accurred at 5 Bs	PM, from the couse	es and an the	saw the deceased date stated abave.  DATE SIGNED					
		PHYSICIAN'S Wm. F. Luckett		M.D	<u> </u>	/ CV						
		BURIAL, CREMATION, 22b DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, to		(State)					
		IT -Tran 12/2/57  FUNERAL DIRECTOR'S SIGNATURE	St John CE	24a. REC'		arish-Le registrar's signa						
		Robert A. Pumphrey-	Bethesda Md	DATE / 6	1-2-67 13	ssic 711.	I won/pron					

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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#### FOR STATE HEALTH DEPT.

MEDICAL EVAMINEDIS CEDTIEICATE OF DEA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13401/

	134	07	DICA	IL EVAIAIII	NEK :	CERTIFIC	AIE OF	DEATH	Reg. Dist.	No. of 9
1	PLACE OF DEATH					2 USUAL RESIDENCE				before odmiss on)
	2.5	tgomery		MA	ARYLAND	o STATE Mary	yland	P CONN	Montgo	omery
	ond pive reason with the		e RURAL	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOW	N (If outs de corp	orote limits, write	RURAL and give	e neorest lown)
		r Spring		5 vrs.		Silver	r Spring			
	NAME OF HOSPITAL		If not in ha		dress)	d STREET ADDRE				Te IS RESID N
_	10,705 L	ockridge R	load _			10,705	Lockridge	Road		YES NO
3.	NAME OF DECEASED	Fie	st	Mrddle		Lost	4 DATE OF	Month	De	ay Year
	(Type or print)	EMIL	JTC	(rumi)	1	WAGEN	DEATH	December	c _30	19.57
5,	KEX			ED   NEVER MAR	RIED 🔲 B	DATE OF BIRTH		AGE (In years	IF UNDER TYEA	AR IF UNDER 24 HI
F	emale	white	WIDOWE	D X DIVORCE	ED 🗌	10/20/80		fort bushday) yrs.	Months Doys	Hours Min.
104	. USUAL OCCUPATION	(Give kind of work life, even if retired)	done 10b	KIND OF BUSINESS O	TRUDUIST	RY 11. BIRTHPLACE (S	late or foreign co	unfry)	12 CITIZEN	OF WHAT COUNT
	ousework a	t home		-		Switzer			Swit;	zerland
13	FATHER'S NAME					14. MOTHER'S MAID				
	Jacob Hul					Llizabe	eth Leema	an		
15  Ye	WAS DECEASED EVER	IN U. S. ARMED FO		SOCIAL SECURITY N	10. 17. Tr	FORMANT		Address	705 To	ckridge Ro
	no			none	Mr	s. Walter W	W. Albers	sheim. s	lver St	oring.Md.
	18. CAUSE OF DEATH	Enter only one cou	ise per line	for (a), (b), and (c)	]			JF 162 JI	1.0	NTERVAL BETWEEN
		E WAS CAUSED BY: MMEDIATE CAUSE (6)	Ge	neralized	ence	phalopathy	7			ne month
	332X	DUE TO				Christian Christian		***************************************		and months
	Conditions, if on	y. which) (b)	Ge	neralized	arter	riosclerosi	s & Hyne	rtension		Years
	gove rise to immedi	ate couse				<u> </u>	-0 <u>0</u> 11 <u>1</u> <u>1</u> 0	1 00110101		Tear
	(a), stating the uncouse last.	(c)								
CATON			DITIONS C	ONTRIBUTING TO DE	ATH BUT N	IOT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPS PERFORMED? YES NO
CERTIF	20g. EXTERNAL CAUS PRIMARY OF CONT CAUSE OF DEATH.	RIBUTING []	b. DESCRIB	E HOW INJURY OCC	CURRED (E	nter noture of injury m	Port I or Part II o	f item 18 )		
3	20c. TIME OF INJURY	Month, Doy, Ye	or 20d.	INJURY OCCURRED	20e PLAC	E OF INJURY (Home,	form, i 20f. (City o	or fown)	(County)	(State
MEDICAL	Hour e.m.	19	Whit		Facto	ery, street, office bldg.,	elc.)		, ,,	
~		at I toak charge			ed abo	ve, held an Auto	opsy , In:	spection XI.	Inquiry D	K), and in m
	opinian death r	esulted fram: 1	Natural	causes 🔀, Ac	cident [	, Suicide	, Hamicide ,	, Undeter	rmined man	ner 🗍
	2		$\alpha$					_		
	ACTUAL SIGNATURE	Fresh D.	19m	nhait	2	M D CHIEF MEDICA	AL EXAMINER [			DATE SIGNED
		7//				ASSISTANT ME	DICAL EXAMINER			
	EXAMINER'S NAME (Type)	rank J. B	rosch	art,MD		DEPUTY MEDIC	CAL EXAMINER 🔀		Decembe:	r 31, 195
220	BURIAL CREMATION			22c NAME OF CEM	LETERY OR	CREMATORY	22d. LOCATI	ON (Cily, town, o		(Stafe)
	REMOVAL (Specify)	Dec.31,	1957	Fort Li	nceln	Crematory			e's Co.	
23	AUNERAL D RECTOR'S			ADDRESS			REC'D BY REGISTR		TRAIL'S SIGNAT	
J.	ibiener 6.	Jumph	ron	Silver	Sprin	g, Md.	Ani.	1 7	260101	. faller.

TO DEPUTY MEDITAL ELLMHIER: This cellificall should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reloyated for your files. TO FUN DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 3. Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. to FUN VS ATSME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13402 CERTIFICATE OF DEATH Reg. Dist. No.215 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO K Month Day Year December 19 57 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Days Hours 17 CITIZEN OF WHAT COUNTRY? U.S. Address Robert Burns Walker Same as INTERVAL BETWEEN ONSET AND DEATH

(County)

(State)

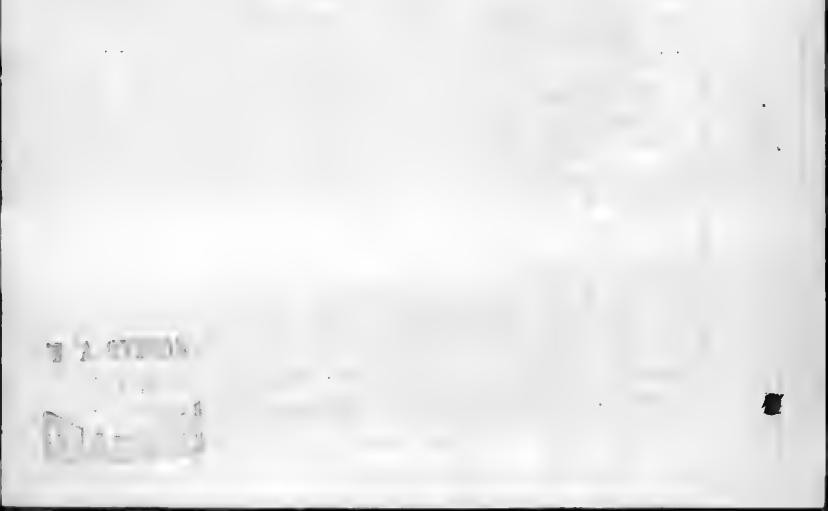
PERFORMED? YES NO

ADDRESS (Street, city or town, slote) DATE SIGNED M.D. U.S. Naval Hospital, Bethesda Md.

U.S. Naval Hospital Bethesda Md.

22d. LOCATION (City, town, or county) (Stote) Maryland

240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE



VS A15 (4) 15M 9/55

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 1	8

113409 CERTIFICATE OF DEATH

M

13403 Reg. Dist. No.

1, PLACE OF DEATH p. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)								
MONTGOMERY	MARYLAND MONTGOMERY								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)								
KE AS INGTON	KENSINGTON								
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?								
- Kensington Gardens Rest Home	9909 Thornwood Road YES NO X								
DECEASED OF A D TO THE TOTAL DESIGNATION OF TH	9f Dec 2 1957								
	17								
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (in years   IF UNDER 1YEAR IF UNDER 24 HRS									
Female White WIDOWED DIVORCED Aug. 14, 1878   Out orthoday   Mporths Days Hours Min.									
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?									
during mast of working life, even if retired)	Germany USA								
Florist-Housewife									
IJ. PAINER'S NAME	14 MOTHER'S MAIDEN NAME								
Paul Karge	Elizabeth Mertens								
	FORMANT Address Son								
	alter P Warendorff same as 2d								
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c) ] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH								
IMMEDIATE CAUSE (a)	Honor Ket Garage 17								
DUE TO O _\ C	1 1 1 1 1 1 1 1 1								
Conditions, if ony, which ) In The Street	Sell Lealin II MARCH								
gove rise to immediate									
couse (a), stating the under									
lying couse tost. (c)									
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
[3]	YES NO								
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 1 CAUSE OF DEATH	). (Enter nature of injury in Part I or Part II of item 18.)								
GIF EITHER, NOTIFY MEDICAL EXAMINER)									
3 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State)								
Hour e.m. While Nat while for	fary, street, affice bldg., etc.)								
p, m. p) work of work									
21. I certify that Lattended the deceased from home 19	5, 19 to 12/2/57, 19 that I last saw the deceased								
alive as 12-12-15 19 and that death	accurred at 2047 2M, from the causes and an the date stated above.								
The state of the s	ADDRESS (Street, city or town, state) BATE SIGNED								
ACTUAL SIGNATURE DOWN QUE									
SIGNATURE & CONTROL OF THE STATE OF THE STAT	NO. 1040 3 tar her tt, St. B. marchers								
PHYSICIAN'S SAMULI HILEA									
270. BURIAL, CREMATION, 276. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (51gle)								
REMOVAL (Specify) 1-12/6/57									
Cremation 24 Gedar H1.01  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Crematory Suitland, Maryland								
25. FUNDANCE DIRECTOR S SIGNATURE AUDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATORE-								
Robert A. Pumphrey Bethesda, Mar	vland DATE/2-3-5/ Bisse )1/ Hombson								
	1/								

SAM --

MACE.

death.

24 hours

HOSPITAL

2 V

death.

within 24 hours after

80

O HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ROMEVO AT CO.

**725**61 08 030



13412CERTIFICATE OF DEATH with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY b. COUNTY Montgomery filed Montgomery MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give recrest town) RURAL and give nearest town) shauld Germantown Germantown d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS NAME OF First Middle 4. DATE Manth DECEASED Lilah (Type or print) Washington DEATH Dec. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B DATE OF BIRTH AGE (In years last birthday) Female Colored June 15.1876 WIDOWED [7] DIVORCED | papers. yrs. 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Marvland gug 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Fairfax Maria Young 17. INFORMANT Charles Washington 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Germantown. Marvland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) ø. n. at work at work Dec. 4 , 195 Ithat I last saw the deceased 21. I certify that I attended the deceased from Dan. , 1925 lo , and that death occurred at 101251M, from the causes and on the date stated above. ADDRESS (Street, city or town, skale) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) FUNE age 3 226 BURIAL, CREMATION, 226. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BMOYAL (Specify) Brooke Grove. Lavtonsville.

**ADDRESS** 

CRockville, Mi.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(Stote)

(State)

NO [

WAS AUTOPSY PERFORMED? YES |

Reg. Dist. No.

Months

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HPS

U.S.A.

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

Davs

(County)

245...REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

ON A FARM? YES NOTO

Year

1957

3 V Carana

MAIS ETABLE

hours after death. Page

executed within 24

certificote

HOSPITAL

o

MARYLAND-STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Z961 97 07.



#### 3414 CERTIFICATE OF DEATH filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Montgomery District of Columbia MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give nearest lown) 80 days placeds Bethesda Washington, D.C. d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION The Clinical Center. Bethesda d STREET ADDRESS 3239 Center. Bethesda Ili Street. N.W. The 3. NAME OF Middle 4. DATE Loui DECEASED Leslie Allvne December (Type or print) Wells DEATH 9. AGE (in years lost birthday) 1 56 yrs. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Mala White September 29. WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Photographer Photographing Washington, D.C. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 6 Deve do Delbert M. Wells Annette Boswell 17. INFORMANTThe Medical Record Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No 181-10-1828 The Clinical Center. Bethesda lh. Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ULMONARY EMBOLUS DUE TO ENALCELL CARCINOMA Conditions, if any, which ] gove rise to immediate DUE TO couse (a), stoting the under-CARCIND MA OF RIGHT KIDNEY lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY WODENAL UKCE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or town) factory, street, affice bldg , atc ) Hour a.m. While Not while of work at work 19 57 ta December 20 1957 that I last saw the deceased 21. I certify that I attended the deceased fram October 1 , and that death accurred at 12:45 AM, from the causes and on the date stated above. alive on December ADDRESS (Street, city or fown, state) ACTUAL SIGNATURE hoes M The Clinical Center The National Institutes of Health PHYSICIAN'S Richard K. Shaw. M.D. Bethesda 11, Maryland NAME (Type) 220 BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Cemetery Washington O 24a REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

YES NO D

1957

Reg. Dist, No

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

one Hour

PERFORMED?

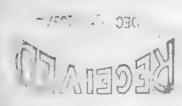
YES IL NO

(State)

DATE SIGNED

12-20-57

(County)



BUREAU V.

	CERTIFICATE OF DEATH Reg. Dist. No. 218
	1. PLACE OF DEATH o. COUNTY MONTGOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) b. COUNTY Montgomery
<u> </u>	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Perwood  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Perwood
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Amanda Ward Whelan Dec. 17 1957
14	5 SEXTEMBLE 6. COLOR OF RACE 7. MARRIED NEVER MARRIED JULY 3, 1888 9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Days   Hours   Min
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  HOUSE WITE  12. CITIZEN OF WHAT COUNTRY Maryland  U.S.A.
	13. FATHER'S NAME  Thomas G. Ward  Martha V. Whalen
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT    You are of which the first of services   16. SOCIAL SECURITY NO.   17. INFORMANT   17. I
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART! DEATH WAS CAUSED BY: COPONARY Thrombosis  IMMEDIATE CAUSE (o) COPONARY Thrombosis
	Conditions, if ony, which gave rise to immediate cover (o), stating the under tying couse test.  DUE TO  Hypertensive Cardiorenal Disease  (b)  DUE TO  Arteriosclerosis
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  VES DO ACCIDENT WAS UNDERLYING OF DEATH  20a. ACCIDENT WAS UNDERLYING OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month. Day, Year 10d. INJURY OCCURRED Hour o. m.  19
	21. I certify that I attended the deceased from Aug. 4, 157 to Dec. 17, 197, that I last saw the decease alive on Dec. 17, 1957, and that death occurred at 12:07M, from the causes and on the date stated above ADDRESS (Street, city or town, state)  DATE SIGNED
i	ACTUAL SIGNATURE VICTOR SUPPLY NO. Nrobeck Rt. 1, 12/18/57  PHYSICIAN'S Webster Sewell, M.D. Silver Spring, Md.  NAME (Type)
	226 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State)  BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State)  BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAY SIGNATURE

Laytonsville, Md.

TO HOTPITAL DE VS A1S (4) 1SM 9/SS

Mage 4

ATTINITING PHYS MIAN: The lam requires that the death meriticate be exeruted within 21 hours after death.

ETYTEVA K. c

EC 3 1957

MACESTA

			MARY	LAND ST	ATE DEPART	MENT OF H	IEALTH	-BALT	IMORE, 1	8	1941	5.0
			134	16	CERTIFIC	CATE OF E	DEATH			Reg. Dist	134.Į	110
	1.	Montgon	nerv		MARYLAN	o. STATE	_		b. COUNTY			
fel ;		CITY OR TOWN (I RURAL and give ne	f outside corporate limearest town)	its, write c. 1	LENGTH OF STAY IN 1	c. CITY OF	TOWN (If or		Mont te limits, write R	URAL and gir	ve nearest to	vn)
	H		Orchard. AL (If not in hospital.	give street oddr	30 yrs	d. STREET	ce Orc	chard				SIDENCE A FARM?
1,1 3		Gaithe	rshurg, R.	F D		/ Cait	hersh	rc R	L.D.			9 NO 🗆
		NAME OF DECEASED (Type or print)		IARLES	Middle	to STPTTE	st	4. DATE OF DEATH	Mon	er edms	Day 277	Year 19 577
	\$.	EX	6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRT	Н	9	. AGE (In years last birthday)	FUNDER 1	YEAR F UNI	
	100	Male. USUAL OCCUPATION	Colored ON (Give kind of work king life, even if retired	done 10b. KINI	D OF BUSINESS OR IN	April DUSTRY II BIRTHP	7, 18 IACE (Stole o	83	74 yrs.	12. CITIZ	EN OF WHA	T COUNTRY
/		Laborer FATHER'S NAME	-	"			ryland			1	I.S. A	
	13.		n White			14. MOTHER'S	MAIDÉN N. OD <b>hi</b> a	AME Balco				
			R IN U. S. ARMED FO		IAL SECURITY NO. 17	. INFORMANT	) birra	Dateo	Add	ress		
1,1			(ii) jes, grie non or oni = or			Mrs Sar	cah Wh	ite,	Gaither	sburg,	Md.	
	Г		TH (Enter only one of		r (o), (b), and (c).]	0-	20	2			INTERVAL I	ETWEEN D DEATH
		12.11.1	TH WAS CAUSED BY: IMMEDIATE CAUSE (		glaker	May	Heel	wy			27	12 Bold
		Conditions, if o		. /117	Invaler.	les Cus.	elen	VERRIA	an ten	al	٠ ,	- 0 11.
1).		gove rise to in codse (o), stating lying couse lost.		0					My Key	Cl	0	
-/-	Z		HER SIGNIFICANT CO	cj	IRIBUTING TO DEATH						1(o) 19 WAS	AUTOPSY
, w.,	CATION			Zun	6							ORMED?
	CERTIF	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBI	HOW INJURY OCCU	RED. (Enter noture o	of injury in P	ort I or Port I	I of item 18.)			
	MEDICAL	20c. TIME OF INJUR Hour o. m.	Y Month, Day, Yo	par 20d. INJUR	Y OCCURRED 20e.	PLACE OF INJURY foctory, street, office	(Home, form,	20f. (City o	or lown)	(5)	huth)	(Stote)
	M	p. m.	7 17	ot work	of work	1		; 7	/7 -			
	l	21. I certify the	at I attended the	-	ram	th occurred at	46-2		7 19.5			
			There is		, and may det	in occorred di			el, city or town,			DATE SIGNE
1		ACTUAL SIGNATURE	1-11.0	trul	hreund	_M.D	, acc	menne Tink	1 4000-		12	127/
,		PHYSICIAN'S NAME (Type)							1,			
	220	- BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DIE THERE	OF I	c. NAME OF CEMETER			22d. LOCATIO	OⅢ (City, town,	or munity)	(51	ole)
	22	Buria FUNERAL PIRECTOR	1 12/20/	57	Pleasa ADDRESS	nt View.	B4- 8500	BY REGISTR	uince O	rchard	Ma	
1	43.	To be a	1 Da	owde-	Paglanta	. 3//3	246. KEC'U	O KEUSIK	AR 240. REGI	A C	12.0	ale.
4		CV V V C			nackara III		1.64	6 1	200	act as	1900	25

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O HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



13417

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

13413

	200000 77 08	~ g 2 2 1 1 1 1 4		77770 00	4 100				Kag. UI	37, 140.		111
1,	LACE OF DEATH	Vtgom	P.241	MARY	rland	2 USUAL RESIDENCE (WHO STATE	ARYTA	b. COUNT	tion: Residen Y	ce béfore	admission)	-
_	b. CITY OF TOWN (I	autsigle corporate firm	its, write / è	LENGTH OF STAY	IN Ib	c. CITY OR TOWN (IF o	utside carpar	ate limits, write	RURAL and	give neares	i lown)	
	RURAL and give ne	SIN9	on		ļ	KENSI	VOTON	Kings	Park		64	1 2
	d. NAME OF HOSPITA	AL (If not in hospital,	give street add	dress)		d STREET ADDRESS H	ome T,	State	Hospi	ita.	S RESIDEN	NCE
4	-12'0" We	xtord	COUP	1		A1201	Nexton	d Court	***		ES N	
	NAME OF DECEASED		rst	Middle		Lost	4. DATE OF	Mo	nth	Day	Year	^
	(Type ar print)	LEON	•	R.		NILLIAMS	DEATH		ec, 9	9.1164	19 .	
5	Male	White	7. MARRIED			DATE OF BIRTH 29 Oct , 189	5	9. AGE (In years last bighday) yri			UNDER 24	HRSC Min.
100	USUAL OCCUPATIO	he (Give kind of work The life, even if retired OPNICH	dane 10b Kill	-1 -1	OR INDUST	RY 11. BIRTHPLACE STOLE	ar foreign co	untry)	12. CIT	IZEN OF	WHAT, COL	UNTRY?
13.	FATHER'S NAME	LS R.	Wil	Mams	3.	14 MOTHER'S MAIDEN N	1.1	WN.				
	WAS DECEASED EVER		annunent des 1	8-05-31	0/ 17. IN	ORMANT AL. W.	Ilian		120 V	Vert	orde	Cit
	18. CAUSE OF DEA	TH [Enler only one c	ouse per line l	for (o), (b), and (c)	-] *						AL BETWE	
	PART 1 DEAT	H WAS CAUSED BY:	Cere	brôvascu]	lar a	ccident, thro	ombosis	5		2	AND DE	irs
	1	DUE TO										
¥.	Conditions, if a	ny, which )	, Cere	brovascul	lar A	rterioscleros	sis &	insuffi	ciency		unkno	nwo
	gave rise to in cause (a), stating t		)									
	lying couse last.	No onosi-	c)									
ž	PART (1. OTH	ER SIGNIFICANT CO	NDITIONS CO	NTRIBUTING TO DE	ATH BUT	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION G	IVEN IN PAR	T 1(o) 19.	WAS AUTO	OPSY
CATION	Arterd	osclerotic	Heart	Disease	with	myocardial :	infarc	tion			PERFORME ES 🗍 NO	
CERTIFIC	200. ACCIDENT WA					(Enter nature of injury in (						
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	f Manth, Day, Yo	While _	Not while	20e PLA fact	CE OF INJURY (Hame, form ory, street, affice bldg., etc	20f. (City	or town)	(0	County)	-	(State)
		at 1 attended the	deceased									
	ACTUAL SIGNATURE	nuand T	- C	Indus			ADDRESS (SH	eet, city or town	i, state)			SIGNED
	PHYSICIAN'S NAME (Typo)	BERNARD F	. CLOW	DUS, M.D.		Bo11	ing AF	B, D.C.				
L	BURIAL, CREMATIO	12/12	57	ZC. NAME OF CEM	ETERY OF	1 Na +1/.		ION (City, town,	Mye	<i>h</i>	Va_	
23.	FUNERAL DIRECTOR	SIGNATURE //	1	ADDRESS	1	240, REC"	PLAY REGISTI	1497 7457 9EC	SISTRAR'S SIG	GMATURE	> / _	

VS A15 (4) 15M 9/S5

**7 1** . . . . . 

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VS A15C 1-55 10M -

INSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13414

13418

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH	1	2. USUAL RESIDE	NCE (HOME) OF D	ECEASED		
county Montgomery Marylan	NID CIN	STATE MD.	COUNTY	()	*	
CITY (If outside corporate limits, writa RURAL LENGTH OF S OR and give nearest town) (In this place		CITY (If outside corporate limits, write RURAL and give nearest lown) OR				
TOWN Kensington	"		MURELHYI	HI	LLS.	
HOSPITAL OR		STREET		ve focation)		
STREET ADDRESS Keningston Gardens Sanita	riyam	5210 A	BINGDIN	RUAD	٠	
3. NAME OF (First) (Middle) DECEASED		(Lest)	4. DATE (Mor		Dey) (Yeer)	
(Type or Print) HARRY L.	WILI	LIAMSON	DEATH De	ec. 1	9, 1957	
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED,	B. DATE OF	BIRTH	9. AGE fest birthday		YEAR IF UNDER 24	
Male White (Specify) Widower I	Nov. 1	9, 1884	73 yrs.	Menths	Deys Hours M	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	17	I. BIRTHPLACE (State or for	aign country)	12.	CITIZEN OF WHAT	
done during most of working life, avan if ratired) General Insurance	T	Philadelphia, Pa.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN				
Henry Williamson		Lou	ise Ebelhe	re		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI	TY NO.	17. INFORMANT &	ADDRESS , So 2	Kers		
(Yes, no, or unk.) (If Yes, give wer or dates of service)		52100	Edingdon P.4	1. Trash	myton 90 ic	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CAL CERT	IFICATION	1		ONSET AND DEAT	
and the		· 11 · · · ·	1 9 1 1	0	01/1/-1	
, IMMEDIATE CAUSE (A) Conges	MAP.	1 Page 14	Tourin		7/11/51	
ANTECEDENT CAUSE(S) DUE TO	-1 1 Por	ates 110	- 2/7	100,10	/ /	
GIVING RISE TO THE ABOVE CAUSE DIVE TO	1000	Chore I Fre	the plan			
STATING UNDERLYING CAUSE LAST. DUE TO						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
198, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION					20. AUTOPSY?	
				1	YES NO N	
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY straal, office bidg., etc.)	210	WHERE DID INJURY OCC	JR? (City or town)	(County	) (Stela)	
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURR	IF. HOW DID INJURY OCC	UR?				
M, at work at work				, .		
22. I hereby certify that I attended the deceased from	1.11	19.5 7, 10. 12	4/19 , 195	, that 1 la	st saw the decea	
alive on 11/30, 19.57, and that death oc	curred at.	6 P.M. from the	causes and on the	date stated	above.	
SIGNATURE		ADI	RESS (Street, city, tow	m, slate)	DATE SIGN	
( ris tourhouses	M, D.	2801 Wisco	upin ave "In	DC,	12/20	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEN	METERY OR C	REMATORY	LOCATION (City, tow	n, or county)	(State	
Bemoyal Dec. 20, 1957 Warn	n Spri	ngs Cemeter	y Warm S	prings	Va.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	,-	25. FUNERAL DIRECTOR	rai Flome	C+ )714	DORIGICAL	
DATE/2-21-57 Bease M. Herris	2847 Wilso	n Blvd., Ar	lingtor	n, Va.		



. 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
77		13288 CERTIFICATE OF DEATH Reg. Dist. No. 7	13
Page director ted with		PLACE OF DEATH  o. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of STATE  MARYLAND  AND AND AND B. COUNTY MONTAC MEY L.	
death.		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jown)  Takeina Vai L Md 3 Weeks 9913 Woodburn Rd. Silver Strings	hie
by the funds 2 2 should	pr -	d. NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION  ON A F	DENCE PARM? NO
124 hay		NAME OF DECEASED AND SITES AND DOT YE	9 57
d within letely f		SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 BATE OF BIRTH  1 A 2 WIDOWED DIVORCED NUMBER 9-1905 ST yrs Months Doys Hours	Min
execute nd camp n paper death.	1	Outsual Occupation (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) . 12, CITIZEN OF WHAT COUNTRY BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) . 12, CITIZEN OF WHAT COUNTRY BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) . 20 S .	OUNTRY?
ate be ician ar e carbo s after	1	Robert DUISEN Mel 1550 Cale	
certific ng physi remov 72 hour	ţ	S WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Mrs. Cora S. Wilson, 9913 Woodburn Rd.	
attendii n please		PART I. DEATH WAS CAUSED BY. [Enter only one couse per line for (o), (b), and (c), one could be supposed the country of the co	WEEN
that the by the iii. The		Conditions, If ony, which) (b) arteric Selevotie Cordio Vascular dis 10	04
equires an. signed sit perm		gove rise to immediate cause (a), stating the under-lying cause lost.    Column   Co	1
physicie as been ial-tran	1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS ALL PERFORM PERFORM YES []	UTOPSY MED? NO.
IAN: Ti rending ficale h the bur ar ren		20g ACCIDENT WAS UNDERLYING CONTRIBUTING CON	
PHYSIC of at all his certi use as		20c. TIME OF INJURY Manth, Doy, Yeer 20d. INJURY OCCURRED Hour o. m.  While Not white at work at work at work	(Stote)
AbinG hospite After the formal, critical, crit		21. I certify that I attended the deceased from Nov10, 19.57, to Dec 4, 19.57, that I last saw the dalive an Sec 4, 19.57, and that death accurred at 457 AM, from the causes and an the date stated	
t ATTER		ACTUAL HOOCEANS M.D. 9500 Colesville Rd DAT	É SIGNED
retainer	- 1	PHYSICIAN'S H. B. DRLEANS Silver Spring Me	d
HOSPI moy be FUNEX page he regal		20 BUR AL, CREMATION. 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL (Specify) 12/7/57 Parklawn Cemetery Montgomery County, Md. (Stole)	
VS A15 (4)	9	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	edde
14111 17 00		DEU BOIT	1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

EUREAU V. C

13419 **CERTIFICATE OF DEATH** Reg. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) Montgomery Virginia Filed Dinwiddie death uneral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) should Bethesda days d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center. Bethesda 14. None YES 🗍 NO 🗖 NAME OF Middle 4. DATE Month Day Yeor DECEASED LEWIS 1957 (Type or print) Mary WOOD DEATH December Poges 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday)
50' yrs. B. DATE OF BIRTH FUNDER I YEAR IF UNDER 24 HPS Days Hours DIVORCED | Female White WIDOWED | September 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? School Teacher Education U. S. A. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ashton Lewis Mattie Alley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT The Medical Record The Clinical Center, Bethesda lu. Maryland No CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO permit. Canditions, if any, which been signed gove rise to immediate DUE TO couse (a), stating the undereiomyosarcoma puo lying couse last. CHILON PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES 📆 NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Haur a.m. White Not while ot work at work 21. I certify that I attended the deceased fram September 24, 1957, ta December 25, 1957, that I last saw the deceased glive on December 25 and that death accurred at 1:15 A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) AUTUA The Clinical Center SIGNATURE The National Institutes of Health D DEPTH AT THE W. KOHN. M. D. Bethesda lu. Maryland NAME (Type) DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) **e**bod 0 EMMERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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**CERTIFICATE OF DEATH** 13289 Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceated lived. If institutions Residence before admission) L. COUNTY MOK a. COUNTY MARYLAND G. CITY OR TOWN (if outside carponate limits, write -AL LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) Kama d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 1005 YES NO Santarium + Na Shina NAME OF 4. DATE Last Year DECEASED OF DEATH (Type or print) Geraldine 195 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED [7] NEVER MARRIED B. DATE OF BIRTH Months Haurs WIDOWED 🗍 DIVORCED T 74 yrs 26-10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CWA House wife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Eleunor enry 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. ART II. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter dature of injury in Part 1 or Part II of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month. Day, Year (State) (County) factory, street, affice bldg., etc.) Q m. While Not while at work or wark ... 19.5 7that I last saw the deceased 21. I certify that I attended the deceased from... , and that death occurred at 7:67 AM, from the causes and on the date stated above. ADDRESS (Street, city or fown, state) DAJE SIGNED PHYSICIAN'S NAME (Type) 220 JURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tayln, or county) 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY BEGISTRAR 246 REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	ARYLA	AND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18
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13420 CERTIFICATE OF DEATH

Reg. Dist. No. 3419

1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY Manyland Monte	before admission)					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Nensington	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e nearest town)					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Kensington Gardens Sanitarium	/d. STREET ADDRESS 4104 East West Highway	e. 15 RESIDENCE ON A FARM? YES NO					
3. NAME OF First Middle [Type or print] E Nisbet	Wright dearn December	Day Year 11 19 57					
Male White WIDOWED DIVORCED	Oct. 8, 1873   State of the local part of the lo	YEAR IF UNDER 24 HRS.  Days Hours Min.					
10c. USUAL OCCUPATION (Give kind of work done of the lob. KIND OF BUSINESS OR INDUS during most of working life, even if relired)  Retired  13. FATHER'S NAME		S.A.					
Patrick Henry Wright	Mary Francés Nisbet						
(Yes, no, or unknown)   (If yes, give war or dates of service)	NORMANY 4104 East Wes	t High Way,					
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE [o] Carcinoma right lung with metastasis  Conditions, if any, which  Gove rise to immediate  Outside the country of the count							
Couse (a), stating the under lying cause last 2 (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. [City or tawn] {Cauchy, street, office bldg., etc.]	inly] (Stote)					
21. I certify that I attended the deceased from JOIN 29, 1957, to Dec., 1957, that I last saw the deceased alive an Dec., 1957, and that death occurred at 50p M, from the causes and an the date stated above.  ACTUAL SOLUCIAL SIGNATURE SOLUCIAL SIGNATURE STORMAN STAND.  PHYSICIAN'S STEWART CLAPP 495/15 DC-							
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF COMMENTS OF	R CREMATORY  22d. LOCATION (City, town, or county)  emetery  Suitland Rd., Md.  24o. REC'D BY REGISTRAR  24b. REGISTRAR'S SIGN	(Stote)					
Ching that Juneal Horn 5/03W	boom DATE/2-18-6) Servie M.	Homprox					

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13421 CERTIFICATE OF DEATH

13420

TOTAL	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
MONTGOMEN MARYLAN	10 O. STATE Maryland 6. COUNTY Monton PI
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN RUBAL and give nearest/town)	to c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town)
Bethesda 5 days	5 Chevy Chase
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS ON A FARM?
Suburban	14/23 Woodbine ST YES NO BX
3. NAME OF DECEASED Figst / Middle	Lost 4. DATE Manth Day Year
(Type or print) Rabert /	YOUND DEATH DEC. 4 195
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	ast birthdoy) Months Days Hours Min
MIDOWED DIVORCED	12-14-1814 83 m
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (Stole or foreign country) , 12. CITIZEN OF WHAT COUNTRY
Biologist Selfemple	yes tennsylvania 11.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 11	hucy /012e11
15. WAS DECEASED EVER IN U. S. AKMED FORCES?  (YS. no. or uninform)  (If you, give were or dates of service)  None	17. INFORMANT (SON) Address (Ch 284)
	NOBERT YORNO THIZS WOOD DINEST
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
1518 IMMEDIATE CAUSE (6) PORO FOCHO	neumonia 2 Days
DUE TO (7)	101 1 . 4P + w. L 1 2 94
Conditions, if any, which gove rise to immediate (b) arcinoma of	stomach with hepatic Melanari. Months
couse (a), stoting the <u>under.</u> Lying couse tost.	
·	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH IIF EITHER NOTIFY MEDICAL EXAMINER	PERFORMED? YES M NO T
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter noture of injury in Port I or Port II of item IB.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20, 400 4 100 100 100 100 100 100 100 100 1
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour o. m. 19 While Not while of work of work	factory, street, office bldg., etc.)
21. I certify that I attended the deceased from DE C.	1057 10 Then. 9 1057 11 11 11
	ath accurred at 100 PM, fram the causes and an the date stated above
11-11-11-11-11-11-11-11-11-11-11-11-11-	ADDRESS (Street, city or town, stote)  DATE SIGNE
SIGNATURE MC Chemantra	to 4890 Battern Lane Betterda Mol
Wilfred R. Ehrmon	West MID
PHYSICIAN'S NAME (Type) Shough MARA!	199/37
220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETER	Y OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Cremation 12/10/57 Cedar Hil	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE
Robert A. Pumphrey-Bethesda, Md.	· DATE /2-11-57 BOKKS AND Stompson

VS A15 (4) 15M 9/55

BUREAU V. S.

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